United States Court of Appeals

for the Second Circuit

EXHIBITS

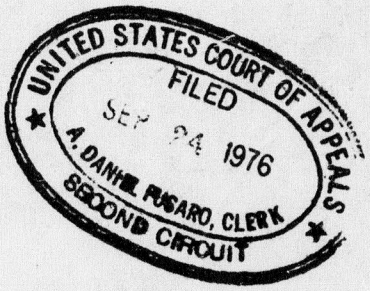
76-6092

To be argued by
VICTOR J. ZUPA

UNITED STATES COURT OF APPEALS

FOR THE SECOND CIRCUIT

Docket No. 76-6092



ALFONSO F. BRUSCHI,

Plaintiff-Appellant,

-v-

SECRETARY OF HEALTH, EDUCATION AND WELFARE,

Defendant-Appellee.

On Appeal from the United States District Court
For the Southern District of New York

EXHIBIT FILED BY DEFENDANT-APPELLEE PURSUANT TO RULE 30(e) OF THE FEDERAL RULES OF APPELLATE PROCEDURE

76-6092

FEB 18 1976

Alfonso F. Bruschi, Claimant and Wage Earner

Account Number 115-01-760?

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Alfonso F. Bruschi | 115-01-7603

(Claimant) | (Social Security Number)

(Wage Earner) (Leave blank if same as above)

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Alfonso F. Bruschi (Claimant) | 115-01-7603 (Social Security Number)

(Wage Earner) (Leave blank if same as above)

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Alfonso Bruschi (CLAIMANT) | 115-01-7603 (SOCIAL SECURITY NUMBER)

WAGE EARNER) (LEAVE BLANK IF SAME AS ABOVE)

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Alfonso Bruschi
(CLAIMANT)

115-01-7603
(SOCIAL SECURITY NUMBER)

(WAGE EARNER) (LEAVE BLANK IF SAME AS ABOVE)

AC EXHIBIT LIST

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Alfonso Bruschi
(CLAIMANT)

115-01-7603
(SOCIAL SECURITY NUMBER)

(WAGE EARNER) (LEAVE BLANK IF SAME AS ABOVE)

AC EXHIBIT LIST

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION

P.O. Box 2518, Washington, D.C. 20013

5

June 16, 1975

BUREAU OF
HEARINGS AND APPEALS

REFER TO:
HA:C
115-01-7603

Mr. Alfonso F. Bruschi
2001 1/2 Vista Del Mar Avenue
Hollywood, California 90028
(C/O Maria Rundle)

Dear Mr. Bruschi:

Enclosed is a copy of the decision of the Appeals Council on your claim under the Social Security Act.

If you disagree with the enclosed decision and desire a review by a court, you may commence a civil action in the district court of the United States in the judicial district in which you reside within **sixty days** from this date. For your information as to the action in the district court, your attention is directed to section 205(g) of the Social Security Act, as amended (42 U.S.C. 405(g)). Where claim is for supplemental security income see also section 1631(c)(3) of the Social Security Act, as amended (42 U.S.C. 1383(c)(3)) and where claim is for medicare see also section 1869(b) of the Social Security Act, as amended (42 U.S.C. 1395ff.(b)). If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant.

If you have any questions, your social security office will be glad to help you.

Sincerely yours,

H. Dale Cook
Chairman, Appeals Council
Marshall C. Gardner
Member, Appeals Council

Enclosure

cc: Harry B. Leighton, Esq.
New York, New York 10038

HA-L6
(12/73)

DEPARTMENT OF

HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION

BUREAU OF HEARINGS AND APPEALS

7

DECISION OF APPEALS COUNCIL

In the case of	Claim for
Alfonso Bruschi (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	115-01-7603 (Social Security Number)

This case is before the Appeals Council, the claimant's request for review of the decision of the administrative law judge having been granted.

The claimant, who has an eighth-grade education, worked as a mechanic, busdriver, clerk and dispatcher. He filed an application for a period of disability and disability insurance benefits on September 7, 1971, alleging that he became unable to work in September 1968 at age 48, due to Meniere's disease and a stomach operation.

After denial of this claim initially and upon reconsideration, the claimant requested a hearing. Subsequently, the administrative law judge issued a decision on August 8, 1973, in which he held that the claimant was not entitled to a period of disability or to disability insurance benefits under the applicable provisions of the Social Security Act.

STATEMENT OF LAW AND ISSUES

The statements of the administrative law judge in his decision as to the pertinent provisions of the Social Security Act are incorporated herein by this reference.

The general issues before the Appeals Council are whether the claimant is entitled to a period of disability and to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended. The specific issues are whether the claimant was under a "disability," as defined in the Act, and if so, when such "disability" commenced and the duration thereof; and whether the special earnings requirements of the Act are met for the purpose of entitlement.

The claimant's earnings record shows that the special earnings requirements of the Act were met in September 1968, when the claimant allegedly became unable to work and that these requirements continue to be met through March 31, 1972. Therefore, in order to be entitled to a period of disability or to disability insurance benefits, it is necessary for the claimant to establish that he was under a "disability" commencing on or prior to March 31, 1972.

EVIDENCE CONSIDERED

The Appeals Council has carefully considered the entire record which was before the administrative law judge, including the arguments made and the testimony offered at the hearing, and the additional evidence which has been admitted into the record as follows:

Exhibit AC-1	Veterans Administration clinical records for the period from December 10, 1968 to June 4, 1973.
Exhibit AC-2	Report of hospitalization at Lennox Hill Hospital for the period from September 15, to September 25, 1971.
Exhibit AC-3	Report of hospitalization at Serra Memorial Hospital for the period from August 21 to August 27, 1972, and a medical report dated May 23, 1973, from Dieter Trelle, M.D.
Exhibit AC-4	Undated letter from Mr. Alfonso Bruschi, claimant.
Exhibit AC-5	Medical report dated September 12, 1973, from J. Ormond Frost, M.D.
Exhibit AC-6	Medical report dated September 19, 1973, from Otto Steinbrocker, M.D.
Exhibit AC-7	Medical report dated October 15, 1973, from Alan A. Politzer, M.D.
Exhibit AC-8	Laboratory report dated October 15, 1973, from Joseph A. Rao, M.D.

Exhibit AC-9 Medical analysis dated February 6, 1974, from Sydney I. Green, M.D., medical consultant to the Bureau of Hearings and Appeals.

Exhibit AC-10 Professional qualifications of Sydney I. Green, M.D.

Exhibit AC-11 Medical reports from The New York Hospital covering the period from January 25, 1974 to February 8, 1974.

Exhibit AC-12 Medical reports from The New York Hospital including a summary report of hospitalization from January 25, 1974 to February 10, 1974, and other notes of examinations conducted in March 1974, July 1974 and August 1974.

Exhibit AC-13 Medical report dated April 16, 1974, signed by Robert C. Atkins, M.D.

Exhibit AC-14 Medical reports from the Mount Sinai Hospital covering the hospitalization from May 7, 1972 to May 9, 1972.

Exhibit AC-15 Medical report dated May 31, 1974, signed by Joseph C. Dreyfus III, M.D.

Exhibit AC-16 Medical report dated June 18, 1974, signed by Murray Budabin, M.D.

Exhibit AC-17 Statement dated June 26, 1974, signed by Barry B. Leighton, attorney for the claimant.

Exhibit AC-18 Report of psychological evaluation dated October 15, 1974, signed by Carl Hartog, Psychologist.

Exhibit AC-19 Report of psychiatric social survey dated October 17, 1974, signed by Ellen Reich, CSW.

Exhibit AC-20 Medical report dated October 26, 1974, signed by Maria Z. Fuchs, M.D.

Exhibit AC-21 Professional qualifications of Dieter Trelle, M.D.

Exhibit AC-22 Professional qualifications of Otto Steinbrocker, M.D.

Exhibit AC-23 Professional qualifications of Alan A. Politzer, M.D.

Exhibit AC-24 Professional qualifications of Robert Coleman Atkins, M.D.

Exhibit AC-25 Professional qualifications of Joseph Claude Dreyfus III, M.D.

Exhibit AC-26 Professional qualifications of Murray Budabin, M.D.

Exhibit AC-27 Professional qualifications of Maria Z. Fuchs, M.D.

The claimant is represented by Mr. Barry B. Leighton, Attorney at Law, New York, New York. Inasmuch as neither he nor the claimant had previously examined all the evidence herein introduced into the record as Exhibits AC-1 through AC-27, the Appeals Council forwarded copies of these documents to the attorney for his examination and comments. The covering correspondence dated March 6, 1975, has been introduced into the record as Exhibit AC-28. In response thereto, the attorney submitted a statement dated March 19, 1975, which has been entered into the record as Exhibit AC-29.

EVALUATION OF THE EVIDENCE

On the basis of the medical and other evidence before him, the administrative law judge concluded that the claimant's impairments did not prevent him from engaging in sedentary to light work activity in jobs such as dispatcher, mailclerk and general office clerical work. The statements of the administrative law judge in his decision with respect to the medical evidence before him and the testimony offered at the hearing are incorporated herein by this reference.

The Appeals Council granted the claimant's request for review to consider the additional evidence submitted and to secure a current psychiatric examination to determine the nature, extent and severity of this claimant's impairments, and to further determine what functional restrictions were imposed by these impairments upon his capacity to engage in substantial gainful activity.

As now constituted, the medical evidence of record extensively documents a rather complex medical picture in this case. In December 1968 the claimant was hospitalized with epigastric pain. He remained in the Veterans Administration hospital until March 26, 1969. During the course of his treatment, he underwent a cholecystectomy (surgical removal of the gallbladder), hiatal herniorrhaphy, vagotomy and pyloroplasty. At discharge, the noted diagnoses were cholelithiasis (gallstones) and small hiatal hernia (Exhibit 14).

He returned to the hospital for 1 day in July 1969 with the same epigastric pains. The physical examination at that time showed the claimant to be very anxious. The diagnosis initially included psychoneurosis and probable dumping syndrome (Exhibit 14).

He returned again in August 1969 with same problems. A repeat gastrointestinal series showed a recurrent hiatal hernia. An esophagoscopy revealed mild esophagitis of the distal one-third of the esophagus. Extensive Veterans Administration hospitalization followed from August 29, 1969 to February 14, 1970. The claimant had symptoms of vertigo and findings were consistent with Meniere's disease. The claimant underwent a left trans-tympanic labyrinthectomy. He also had an enlarged left submandibular gland with chronic sialoadenitis and underwent an excision of his submandibular gland. The claimant continued with vertigo postoperatively and this was considered to be on a functional basis. Epigastric distress was studied, but this also was considered to be functional (Exhibit 14).

The claimant returned to the hospital in May 1970 with the same abdominal pains. The X-rays showed dilated loops of the small bowel and numerous air fluid levels. A cantor tube was passed, the obstruction was relieved and the claimant was discharged on June 16, 1970. It was noted that the claimant was deaf in the left ear (Exhibit 14).

He was hospitalized from June 29, 1970 to July 1, 1970, with some discomfort, but no obstruction. On July 23, 1970, he underwent a herniorrhaphy for a midepigastric incisional hernia (Exhibit AC-1).

The claimant returned to the Veterans Administration hospital for 17 more days in August 1970 with complaints of nervousness. There were no remarkable findings following workup. On the ward he made an immediate and satisfactory adjustment. The diagnosis was anxiety reaction with depressive features (Exhibit 14).

An ear doctor reported that he examined the claimant in September 1970 for fluctuating right hearing loss, a total hearing loss on the left and inability to function because of recurrent bouts of vertigo. The physician reported that bithermal calorics with bithermal electronystagmography revealed considerable vestibular function on the left side. A repeat labyrinthectomy was recommended (Exhibit 22).

He was hospitalized from November 9, 1970 to November 13, 1970, and again from December 15, 1970 to December 22, 1970. The former revealed late latent lues (syphilis) and anxiety reaction with depression. The later revealed Meniere's syndrome. The physical examination was negative and medication resolved the symptoms (Exhibit 14).

A clinic note in May 1971 revealed that the claimant had an elevated serology which probably would not come down due to the lues. He went in the Veterans Administration hospital again in September 1971 with stomach pains, but left after 2 days against medical advice (Exhibit 14).

A physician who treated the claimant in September 1971 indicated that he had bilateral Meniere's disease, by history, probably of luetic origin (Exhibit 15).

The claimant was hospitalized again from September 15, 1971 to September 25, 1971. The admitting diagnosis was bilateral luetic labyrinthitis. He underwent planned penicillin desensitization, but after consulting with another physician, the claimant refused further treatment and was discharged (Exhibit AC-2).

Another ear doctor reported on his March 1972 examination of the claimant. The left ear was dead. Hearing was reduced in the right ear by 30 to 40 percent. The claimant's gait was not affected, but the physician reported that the claiamnt did have Meniere's disease which explained his present symptoms and complaints. The claimant said that he had frequent, severe attacks of vertigo (Exhibit 17).

A third ear doctor reported seeing the claimant in April 1972. The hearing test showed no response at any frequency in the left ear and a moderately severe sensorineural hearing loss in the right ear with a slight conductive overlay. Discrimination score in the right ear at 110 decibel was 88 percent. The diagnosis was bilateral Meniere's disease. After a year's treatment, the hearing further deteriorated (Exhibit 23).

The claimant was again hospitalized on May 7, 1972, for what was considered to be an acute coronary insufficiency. However, the electrocardiogram was normal and the physical examination was unremarkable.

After 2 days, the claimant was discharged with the diagnoses of chest pain, liver disease of undetermined etiology and conversion hysteria (Exhibit AC-14).

The claimant was hospitalized from August 21, 1972 until August 27, 1972, with complaints of vertigo, loss of hearing, abdominal pain, diarrhea and severe intermittent weakness. A history of diabetes and lues was noted. During the course of the hospitalization, the laboratory reports were essentially negative as was tests of the gastrointestinal tract. The final diagnosis was chronic labyrinthitis, left, with right perceptive deafness and severe perceptive deafness, left; a low kidney threshold for glucose with glycosuria; spastic colitis; and a history of treated lues. Another physician reported that in September 1972 the claimant had three episodes of hypoglycemia and vertigo in 1 week (Exhibit AC-3).

The claimant was again hospitalized from November 13, 1972 to November 24, 1972. It was noted that he had undergone a repeat labyrinthectomy in October 1972. The neurologic examination was negative. The electrocardiogram and electroencephalogram were normal. It was noted that the claimant represented an unresolved diagnostic problem and after the testing it was indicated that due to the vagueness of the complaints no further diagnostic studies were justified. The claimant was discharged unchanged with the diagnoses of old treated lues and status post-labyrinthectomy (Exhibit 24).

The claimant had a "black-out" spell on February 21, 1972, and sought medical attention at the Veterans Administration clinic. In June 1973 it was indicated that he had an anxiety depression reaction and complained of severe blackout episodes (Exhibit AC-1).

The claimant's ear doctor reported in September 1973 that the claimant's ear trouble caused unsteady walking and that the claimant tended to fall while walking and had difficulty turning. The physician indicated that the claimant was totally disabled from performing any substantial gainful employment. The impairment was characterized as resistant to treatment, permanent and precluded the claimant from traveling on any public transportation (Exhibit AC-5).

Another physician reported in September 1973 that the physical examination, laboratory data and X-ray studies showed that the claimant had a degenerative spondylosis causing extensive, disabling muscle spasm. This

resulted in a 30 percent disability which permitted only light work (Exhibit AC-6). The claimant was treated from November 1, 1973 to December 10, 1973, for severe hypoglycemia which was unresponsive (Exhibit AC-13).

The claimant was again hospitalized on January 25, 1974. A chest X-ray revealed a normal cardiac silhouette, and the electrocardiogram was normal. There was a decreased neurologic sensation on the right lower extremity with poor balance. The film of the cervical spine revealed mild osteoarthritis. An upper gastrointestinal series showed a small hiatus hernia with a minor reflux noted. The small bowel study was normal. The liver scan and skeletal scan were normal. An intravenous cholangiogram showed that the claimant was status postcholecystectomy with normal common bile duct. A bone scan was normal. During the course of his hospitalization, the claimant had several "attacks." Some of these were considered as emotional in nature and it was noted that the claimant became a psychological/psychiatric management problem. The claimant was discharged on February 10, 1974. The diagnoses included: hypoglycemia, status post-vagotomy, pyloroplasty, status post-cholecystectomy, status post-labyrinthectomy, chemical diabetes mellitus, abnormal liver function, etiology unknown, old treated lues, conduction hearing loss and osteoarthritis (Exhibits AC-11 and AC-12).

The physician who treated the claimant during the above hospitalization reported on May 31, 1974, that he had continued to treat the claimant. The claimant's symptoms continued and he had only short periods of symptom free activity. The physician indicated that the claimant was not capable of performing any gainful work (Exhibit AC-15).

Another physician reported on June 18, 1974, that the claimant's complaints were functional. The treatment he had secured over the past reportedly represented a series of destructive, mutilating procedures which were of doubtful medical benefit. The physician diagnosed a severe and disabling conversion hysteria shielding a psychiatric illness. The physician indicated that the claimant's medical mini-emergencies would never be alleviated and that the claimant was not employable (Exhibit AC-16).

The claimant underwent psychological testing on October 15, 1974. On the Wechsler Adult Intelligence Scale he obtained a full scale intelligence quotient of 101 with a verbal scale of 109 and a performance scale of 91. This was noted to be in the average range of intelligence. The projective tests clearly indicated a severe difficulty in adapting emotionally and in being self-sufficient. His ability to reason, think,

and make decisions was poor. His memory was subjective and distorted. The clinical tests demonstrated emotional regression, but organic damage was not present. The claimant was noted to have convincing somatic complaints arising from a functional disorder which had served to defend against serious psychiatric illness (Exhibit AC-18).

A psychiatric social survey dated October 17, 1974, revealed that the claimant's social activities have been decreased and that the claimant was mostly confined to his home. The social worker reported that the claimant had a difficult time in maintaining his stability (Exhibit AC-19).

The claimant further underwent a psychiatric consultation on October 21, 1974. The physician noted that the claimant had some trouble walking and sitting, and appeared anxious. He was oriented in all three spheres, was articulate and spontaneous, but defensive. He was preoccupied with somatic complaints. There was no overt psychotic manifestations. The physician indicated that in addition to the claimant's many physical handicaps, there was a strong emotional overlay related to a longitudinal pattern of reacting and over-reacting to stresses based on a conflict between his dependent and independent strivings. The physician diagnosed a passive-aggressive personality with hypochondriacal traits. The physician indicated that this impairment was chronic and would not respond to treatment due to lack of insight and rigidity. Emotional relief could be expected if benefits were obtained. The physician indicated that the claimant had a moderately severe degree of impairment of his ability to relate to others and perform his daily activities. There was a mild degree of constriction of his interests and no impairment to his personal habits (Exhibit AC-20).

While the Appeals Council has given careful attention to all the medical evidence of record, the Council has primarily been concerned with that evidence which demonstrated the severity of the claimant's impairments as shown by the medically acceptable clinical and laboratory diagnostic techniques. Accordingly, while the Council has noted the statements by various physicians that the claimant was "totally disabled," such statements are not binding upon the Appeals Council for the resolution of the issues in this case. In this regard, section 404.1526 of the Social Security Regulations No. 4 (20 CFR 404.1526), states as follows:

> "The function of deciding whether or not an individual is under a disability is the responsibility of the Secretary. A statement by a physician that an individual is, or is not, 'disabled' 'permanently

disabled,' 'totally disabled,' 'totally and permanently disabled,' 'unable to work,' or a statement of similar import, being a conclusion upon the ultimate issue to be decided by the Secretary, shall not be determinative of the question of whether or not an individual is under a disability. The weight to be given such physician's statement depends on the extent to which it is supported by specific and complete clinical findings and is consistent with other evidence as to the severity and probable duration of the individual's impairment or impairments."

The medical evidence of record clearly demonstrates the extensive approaches that the claimant has instituted to relieve his multiple symptoms. However, it appears that none of the therapeutic measures applied have had any significant effect to relieve them. While the Appeals Council does not intend to disregard the claimant's symptoms or to ignore the effects they have had on his ability to work, the claimant's own statements as to his disability cannot be the sole basis for adjudication. Rather, the Appeals Council must consider the severity of the claimant's alleged impairments as supported by the reliable medical findings.

In essence, these establish that the claimant has a hearing loss which has been primarily limited to the left ear. He has complaints of lightheadedness, dizziness and instability of gait which has been variously diagnosed as Meniere's disease and reactive hypoglycemia. Yet, none of the therapeutic maneuvers have been successful. Where the presumed organic causes for the subjective complaints valid, there should have been an adequate response. The medical evidence further establishes the existence of a very mild diabetes mellitus, mild osteoarthritis and latent syphilis. The stomach disorders have been resolved, the cardiac symptoms have not been established and the psychiatric impairment is not based on a severe psychosis, organic brain syndrome, or constrictive neurosis.

In assessing the severity of this claimant's impairments, the Appeals Council has considered to what extent such impairments have interfered with his capacity to perform the duties associated with his former work. While the medical evidence of record has established the existence of several physical impairments, such have not been shown to have resulted either singly or in combination in rendering this claimant totally disabled from performing all substantial gainful activity. While the claimant may well be precluded from performing his previous work as a heavy duty mechanic, the evidence indicates that the claimant would not be precluded from performing his former

light and sedentary work of a clerk or dispatcher. Further, the emotional component of this claimant's impairments has not been shown to be so severe as to interfere with the performance of such work.

Therefore, after considering all the facts and factors in this case, the Appeals Council concludes that the claimant has not been precluded from engaging in substantial gainful activity for any continuous period of not less than 12 months by reason of any physical and/or mental impairment which began on or before March 31, 1972.

FINDINGS OF THE APPEALS COUNCIL

After carefully considering all the evidence of record, the Appeals Council makes the following specific findings of fact:

1. The claimant met the special earnings requirements of the Act in September 1968, when he allegedly became unable to work and continued to meet these requirements through March 31, 1972, but not thereafter.

2. The claimant has a history of left ear deafness and syphilis which have not resulted in any significant diminution of his functional capacity.

3. The medical evidence establishes the existence of mild osteoarthritis and mild diabetes mellitus.

4. The claimant has symptoms associated with Meniere's disease and reactive hypoglycemia, but the objective clinical and laboratory data has not established that these impairments have resulted in a significant functional loss.

5. In the absence of specific medical findings with respect to a severe physical impairment, the evidence suggests that the claimant's primary impairment is emotional in nature. However, such impairment has not been shown to have presented a significant impediment to the claimant's capacity to adequately perform in the work environment.

6. In combination, the claimant's impairments limit his functional capacity to light and sedentary work activity.

7. The claimant's impairments, either singly or in combination, do not preclude him from engaging in substantial gainful activity at the level of physical performance commensurate with his former work.

8. The claimant retains the functional capacity to engage in work activity in jobs which he formerly performed such as clerk and dispatcher.

9. The claimant's impairments have not prevented him from engaging in any substantial gainful activities for any continuous period of not less than 12 months commencing on or prior to March 31, 1972.

10. The claimant was not under a "disability" as that term is defined in the Social Security Act, as amended, commencing at any time on or prior to March 31, 1972.

DECISION OF THE APPEALS COUNCIL

It is the decision of the Appeals Council that, based on his application filed on September 7, 1971, the claimant is not entitled to a period of disability or to disability insurance benefits under the provisions of sections 216(i) and 223, respectively, of the Social Security Act, as amended. The decision of the administrative law judge, as herein supplemented, is affirmed.

APPEALS COUNCIL

Marshall C. Gardner

Marshall C. Gardner, Member

H. D. Ponce de Leon

H. D. Ponce de Leon, Member

Date: 16 JUN 1975

April 16, 1975

Dept of Health Education & Welfare
Social Security administration
Bureau of Hearings and appeals.
P.O. Box 2518
Washington D.C. 20013
att: Marshall C. Gardner

Gentlemen.

My Name is Alfonso J. Bruschi SS No: 115-01-7603
formerly of 335 East 94 street, New York City N.Y. 10028
I am now residing in California and I wish to
have any communications, Letters etc addressed to me
at 2001½ Vista Del Mar avenue, Hollywood California
90028 c/o Maria Rundle.
My attorney Barry Leighton has also been Notified
of my change of address.

Respectfully yours
Alfonso J. Bruschi
2001½ Vista Del Mar ave.
Hollywood, California 90028
c/o Maria Rundle

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

LEWIS C. LEIGHTON
BARRY B LEIGHTON
ROBERT P LEIGHTON
ABRAHAM KOZER
ARTHUR K ASH
LOUIS ROBERTS

(212) 267-6016

20

January 8, 1975

Department of Health, Education & Welfare
Social Security Administration
Appeals Council
Washington, D.C. 20013

Re: Alfonso Bruschi
SS NO: 115-01-7603
IHA-512

Gentlemen:

The last correspondence we received from your office is dated August 7, 1974. The claimant has called my office to find out if any decision has been rendered and he seems most anxious.

If there is anything we can do to expedite this matter, please feel free to call upon us.

Yours very truly,

Barry B. Leighton

BARRY B. LEIGHTON

BBL/jdm

Department of Health, Education & Welfare
Social Security administration
appeals Council
P. O. Box 2518
Washington, D. C. 20013
attention: Raymond H. Nevins

October, 18, 1974

Gentlemen.

1. Enclosed you will find the Hospital Records from Mt Sinai Hospital for Review By Dr Sydney Green your Consultant in Response to his analysis & Summation of 7/6/74. Ex AC-12

2. You Will find a letter from Dr Robert C atkins M.D.
also a copy of the Hospital Records from New York Hospital.

Both the Hospital Records and Dr atkins Letter plus the Letter from Dr Joseph Dreyfus dated May 31, 1974 again in Response To Dr Sidney Green Review show a Hypoglycemia Condition of a Serious Nature.
I hope this Will be of assistance To you for a favorable decision In my case (Note letter from Dr Dreyfus, Stating condition is of long Standing.

Thank You for Your trouble
Alfonse J. Bruschi
SS# 115-01-7103

C.C. A.J. Bruschi

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

22

REFER TO:
IHA-512
113-01-7603

7 AUG 1974

BUREAU OF
HEARINGS AND APPEALS

Mr. Alfonso Bruschi
335 East 94th Street
New York, New York 10028

Dear Mr. Bruschi:

This letter refers to your claim for disability insurance benefits under the Social Security Act.

After reviewing the evidence of record in your case, the Appeals Council has concluded that additional evidence is necessary before a decision can be made on your disability claim. Accordingly, we have requested the New York State Agency to arrange for a psychiatric examination at no expense to you. The State agency will communicate with you in the near future so that arrangements for such examinations may be made. We have also requested the social security office in New York, New York to assist us.

Sincerely yours,

Donald B. Jansen, Acting

Member, Appeals Council

cc:
Mr. Barry B. Leighton
Attorney at Law
New York, New York 10038

June 20, 1974

Raymond H. Warns
Acting Member, Appeals Council
Social Security Administration
P.O. BOX 2518
Washington,D.C. 20013

Sir:

I am writing you this letter in response to a letter written by My Former Attorney Barry Leighton, of 15 Park Row, New York City,N.Y. 10038.

Mr Leighton wants to answer Dr. Green's letter which was sent out April 1, 1974, I object to his answering the letter except, and only if he ask for an extension for good reason,which I will enumerate.

1. He get the complete records of My stay in the Veteran's Hospital of New York City, at 23 Street and First Avenue.

This is necessary to my case as we need to have the record evaluated to prove negligence on the part of the Hospital in performing the operation on my ear, and other matters.

2. Dr. Felix Shiffman who performed the second operation on my left ear because he said the Veteran's Hospital left some Vestibular Activity in the ear and he had to operate to destroy the complete function of the ear, but, he has refused to give any letter to that effect so stating, my Lawyer was aware of this but never pursued it for some reason.

Also the report from a Dr. Alfred Newman who was taking care of me from September or October 1971, until May of 1972.
He was treating me for Diabetes and he had me on orinase.
He also had me in Mt. Sinai Hospital in 1972.

When Mr. Leighton gets all this information then we can answer your Dr. Green's letter, not only the part he wants to answer.

The reason for this is that it is of benefit to my case before you and will benefit me in my case against the Veteran's Administration for a service connected pension due to negligence on the part of their Doctors, both in the operation and in the aftercare.

Sincerly Yours
Alfonso F. Bruschi
Alfonso F. Bruschi
IHA 512 115-01-7603

cc/Barry Leighton

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

LEWIS C. LEIGHTON
BARRY B. LEIGHTON
ROBERT P. LEIGHTON
ABRAHAM KOZER
ARTHUR K. ASH

(212) 267-6016

24

June 19, 1974

DEpartment of Health, Education and Welfare
Social Security Administration
P. O. Box 2518
Washington, D. C. 20013

Re: Alfonso Bruschi
115-01-7603

Attn: Raymond H. Warns

Gentlemen:

You will be receiving a letter from the claimant informing you that he wishes you to make your decision and that he does not wish me to represent him further. The claimant has always acted strangely and his behaviour in the last few months has become more anxious.

I am asking for an additional week so that I may submit two further medical reports and a hospital report for the claimants most recent admission.

I know you have been more than patient, but I am in a dilemma with this claimant as he calls every day, fights and argues with all of his doctors, insists upon writing his own appeal and telephoning the Appeals COuncil. I Beg your indulgence for the additional week so that I may submit my final exhibits as I have worked on this case for almost a year and have a considerable interest in the claimant and his wife, and the work that I have done.

REspectfully submitted,

Barry B. Leighton

BARRY B. LEIGHTON

bbl/sf

June [redacted] 19, 1974

Department of Health Education and Welfare
Socil Security Administration
P. O. Box 2518
Washington, D.C. 20013
Bureau of Hearings and Appeals

Sirs:

This is to inform you that I do not have any further evidence to submit to the council at this time, I also enclose a copy of a letter to my attorney.

I will await the decision of the Appeals in the matter of my case pending before them, and the decision rendered by you will govern any further action I may have to take.

I am sorry for the inconvenience that has been caused by the prolonging of the time in responding to your letter but the circumstances were beyond my control at that time.

Sincerly yours

Alfonso F. Bruschi
SS.# 115-01-7603
IHA 512

CC/copy
Barry Leighton, Attorney

June 19,1974

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Berry Leighton Attorney
15 Park Row
New York City, N.Y.
10038

Sir:

This is to inform you that I do not wish to be represented by you any further in my case against the Social Security Administration.

I feel that it is better for me to represent myself and that I will not engage any other attorney as far as the case above mentioned is not settled.

Sincereley yours
Alfonso F. Bruschi

Alfonso F. Bruschi

cc/copy to Bureau of Appeals

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

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BUREAU OF
HEARINGS AND APPEALS

REFER TO:
XHA-512
115-81-7603

31 MAY 1974

Mr. Barry B. Leighton
Leighton, Leighton & Leighton
Attorneys at Law
15 Park Row
New York, New York 10038

Dear Mr. Leighton:

Re: Mr. Alfonso Bruschi, 335 East 94th Street
New York, New York 10028

This will acknowledge receipt of your letter of April 8, 1974, requesting a further extension of time wherein to submit additional evidence. The Appeals Council grants your request and hereby gives you 20 days from the date of this letter to furnish your additional evidence. If we do not hear from you within the 20 days we shall assume you contemplate no further action, and we will proceed with our action on Mr. Bruschi's claim.

Since this case has been pending for several months, it is hoped that no additional extensions will be necessary, and because of this pendency any further requests will be favorably considered only if good cause therefor is established.

Sincerely yours,

Raymond H. Warns
Acting Member, Appeals Council

cc:
Mr. Alfonso Bruschi

BEST COPY AVAILABLE

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

LEWIS C LEIGHTON
BARRY B LEIGHTON
ROBERT P LEIGHTON
HERMAN KOZER
[illegible] ASH

(212) 267-6016

28

May 1st, 1974

Department of Health, Education & Welfare
Social Security Administration
Bureau of Hearings and Appeals
Appeals Council
P. O. Box 2518
Washington, D.C. 20013

Re: Alfonso Bruschi
SS# 115-01-7603

Gentlemen:

I am writing you asking for a further extension of time. You were kind enough to grant us an extension until May 10, 1974, however, I have a most difficult client on my hands and he wishes to submit further medical evidence pertaining to hospitalizations and reports of doctors visits relating to his condition and disability, and further evidence from the Veterans Administration. I have had at least one or two telephone calls from the claimant each and every day since your letter enclosing the Appeals Council's review.

I am sorry to request further time, but I have little control over my client. Awaiting your reply.

Respectfully submitted,

Barry B. Leighton

BARRY B. LEIGHTON

BBL/jdm

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

29

REFER TO:
IRA:512
115-01-7603

BUREAU OF
HEARINGS AND APPEALS

19 APR 1974

Mr. Barry B. Leighton
Leighton, Leighton and Leighton
Attorneys at Law
15 Park Row
New York, New York 10038

Dear Mr. Leighton:

Re: Mr. Alfonso Bruschi, 335 East 94th Street, New York, New York, 10028

This will acknowledge receipt of your letter of April 8, 1974, requesting extension of time within which to submit additional evidence. The Appeals Council grants your request. The time within which to submit additional evidence, is hereby extended to and including May 10, 1974.

Sincerely yours,

Lindsey E. Martin
Member, Appeals Council, Acting

cc:
Mr. Alfonso Bruschi
Division of Benefit Services, Baltimore

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

:WIS C. LEIGHTON
:RRY B LEIGHTON
)BERT P. LEIGHTON
:RAHAM KOZER
:THUR K ASH

(212) 267-60 5

30

April 8th, 1974

Department of Health, Education & Welfare
Social Security Administration
Bureau of Hearings and Appeals
Appeals Council
P. O. Box 2518
Washington, D.C. 20013

Att: Lindsey Martin

Re: Alfonso Bruschi
SS# 115-01-7603

Gentlemen:

I am acknowledging receipt of your letter dated April 1, 1974. Please be advised that I am asking for additional time within which to answer your request and to furnish further medical evidence. I am writing to inform you of the request of additional time within the twenty days you specify.

Thank you for your anticipatedcooperation.

Very truly yours,

Barry B. Leighton

BARRY B. LEIGHTON

BBL/jdm

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C 20013

31

REFER TO:
HAS:S12
115-01-7303

BUREAU OF
HEARINGS AND APPEALS

APR 1 1974

Mr. Barry S. Leighton
Leighton, Leighton and Leighton
Attorneys at Law
15 Park Row
New York, New York 10038

Dear Mr. Leighton:

Re: Mr. Alfonso Bruschi, 335 East 94th Street
New York, New York 10028

The Appeals Council has decided to grant Mr. Bruschi's request for review.

Pursuant to this action, the Council intends to include in the record of the case, all the additional evidence which has been submitted in support of the request for review. The Appeals Council obtained an analysis of this information and all the medical reports previously of record. This analysis is also being included in the record. Accordingly, all of this additional evidence is enclosed for your information.

If you wish to submit (1) written comments concerning this evidence, (2) a brief or written statement as to the facts and law in the case, or (3) additional evidence not previously supplied, the Appeals Council will carefully consider the material. Please send it to the Appeals Council within 20 days from the date of this letter, or inform us within that time when it may be expected. If you need additional time, please let us know.

If you desire, you may appear alone or with the claimant before the Appeals Council in Arlington, Virginia, to present oral argument of the case. If you want to appear, please inform us within 20 days from the date of this letter, and you will be sent a notice of the time and place of such appearance.

If we have not heard from you within the 20-day period, we will assume that you have no comments or statement to make, that you

have no further evidence to submit, and that you do not wish to appear before the Appeals Council. The case will still receive the same careful consideration. We will then issue our decision based on the additional evidence and the other evidence of record.

Sincerely yours,

Member, Appeals Council

Enclosures

cc:
Mr. Alfonso Bruschi

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

S C LEIGHTON
Y B LEIGHTON
ERT P LEIGHTON
HAM KOZER
UR K ASH
S ROBERTS

(212) 267-6016

November 2, 1973

Dept. of Health, Education & Welfare
Social Security Administration
Bureau of Hearings and Appeals
Appeals Council
P.O. Box 2518
Washington, D.C. 20013

Re: Alfonso Bruschi
S.S.#115-01-7603

Gentlemen:

My client has finally released the original reports which I am fowarding to you in connection with our appeal. Enclosed please find reports of Dr. Otto Steinbrocker, Dr. J.Ormond Frost, Dr. Alan A. Politzer, and the 32J Diagnostic Clinic.

Thank you for your continued cooperation.

Yours truly,

BARRY B. LEIGHTON

BBL/b
enc.

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y 10038

LEWIS C LEIGHTON
BARRY E LEIGHTON
ROBERT P. LEIGHTON
ABRAHAM KOZER
ARTHUR KLASH
LOUIS ROBERTS

(212) 267-6016

October 16th, 1973

Department of Health, Education & Welfare
Social Security Administration
Bureau of Hearings and Appeals
P. O. Box 2518
Washington, D.C. 20013

Re: Alfonso Bruschi
SS# 115-01-7603

Gentlemen:

Furthering our letters of August 28th, 1973 and September 19th, 1973, wherein we filed a Notice of Appeal, we are requesting a review by the Appeals Council of the decision of the Administrative Law Judge dated August 8, 1973. It is our contention that the Judge erred in his decision and that the claimant is entitled to a disability under Sections 216 (i) and 223, respectively, of the Social Security Act, as ammended

It is our contention that the claimant is totally disabled from performing any substantial gainful employment because of Meniere's disease rendering him totally deaf in his left ear and a severe sensorineural loss of hearing in his right ear, arthritis and degenerative spondylosis, and a severe anxiety reaction, and lues.

This claimant was treated at the Veteran's Administration Hospital and was operated on for a vagotomy, cholecystectomy and hernia repair in February of 1969. When the record of the Judge states that the claimant was discharged in March of 1969 after refusing further treatment, this is not correct. The claimant only refused further treatment regarding a gland condition, no way related to this hospitalization. The claimant was of the opinion that he was not being properly treated and this is the reason that he left the hospital. This corroborates our contention of anxiety reaction.

The claimant wasagain hospitalized at this institution from August of 1969 to February of 1970 for two conditions, and had surgery. He underwent a removal of the submandibular gland and a labyrinthectomy of the left inner ear. The ear condition caused frequent bouts of dizziness, nausea and vomitting. The diagnosis was Meniere's disease.

A review of the Veteran's Administration hospital records signed by Dr. Matthew Skolnick showed that the claimant was admitted to the hospital in July of 1969 and was diagnosed as having a probable Dumping syndrome and the diagnosis included psycho-neurosis. It should be noted that when the claimant was discharged he was to be followed in the clinic of the hospital. It is our contention that the claimant had not recovered and was still in need of treatment, and in fact continued at the clinic.It should also be noted that when the claimant was discharged from the hospital on February 14th, 1970 he was again "to be followed in the Out Patient clinic." Therefore, when the Judge states that the claimant refused treatment, he is not entirely correct and the claimant did in fact continue receiving treatment at the clinic.

The claimant was again hospitalized in May of 1970 for intestinal obstruction and was again operated on for a hernial repair, and in 1969 a vagotomy and pyloroplasty. At this time deafness was noted in the left ear, which confirms the diagnosis of Meniere's syndrome. The claimant was rehospitalized in August of 1970 and complained of feeling tense, nervous and having palpations. A review of the hospital records signed by Dr. Rodriguez contains a diagnosis of anxiety reaction and states that the symptoms are psychosomatic. There were depressive features noted. The Judge states that there were no clinical findings upon which to base this diagnosis, but this isnot the claimant's fault. It should be noted that the claimant continued with the clinic and because he was not satisfied, he sought the aid of private physicians at his own expense.

In November of 1970, the claimant was rehospitalized with complaints of penicillan allergy,but the diagnosis given was psychosomatic anxiety reaction. We are not refuting the anxiety reaction; it is the Judge who states that there are no clinical findings upon which to base it. There is, however, medical evidence to corroborate the allergy to penicillan and this is important in this case because this claimant has been found to have syphilis in the second stage, and this is confirmed by laboratory tests. In December of 1970 the claimant was rehospitalized with episodes of Meniere's syndrome. The Judge states that physical examination is essentially normal and no nystagmus was observed. At this time I call your attention to the report of Dr. J. Ormond Frost dated September 22, 1972 and marked "Exhibit 23" in your file. In the third paragraph, the doctor states "tests of vestibular function showed spontaneous nystagmus to the right and no response on either side to either warm or cold water." This is a directly opposite finding to the

Veteran's Hospital. It should be noted that the doctor first treated the claimat on April 22, 1970 and found him to have a further hearing deterioration. The diagnosis was bilateral Meniere's disease. The hearing tests showed no response at any frequency in the left ear and a moderately severe sensorineural hearing loss in the right ear with a slight conductive overlay. Discrimination score in the right ear at 110 db, which is quite high, was 88%. In September of 1971, the claimant was rehospitalized with a gastro-intestinal complaint, but the Judge states that he left before a final diagnosis could be made. I am submitting, at this time, hospital records which show that the claimant was admitted to Lenox Hill hospital from September 15, 1971 to September 27, 1971 and was under the care of Dr. Brookler. It is our contention that the claimant did not refuse medical attention and in fact sought further medical attention. The diagnosis was probable leutic labyrinthitis. The patient was admitted with penicillan desensitization. Diabetes Mellitus was noted. Dr. Brookler confirmed the finding of Meniere's disease in both ears, probably caused by syphilis. Audiogram studies confirmed the total deafness in theleft ear and a fluctuating hearing loss in the right ear. It should be noted that the claimant complained of persistent unsteadiness.

It should also be noted that Dr. Berlove found the claimant to be totally deaf in the left ear and 40% loss of function in the right ear, based on audiograms. Dr. Berlove states that the right ear responded normally to caloric testing, but I call your attention to the report of Dr. Frost, "Exhibit 23". Dr. Berlove also stated that the claimant would not beaided by a hearing aid. Dr. Frost referred the claimant for lip reading. In addition, I would like to submit a new report from Dr. Frost dated September 12, 1973. It should be noted that the doctor found the claimant to walk very unsteadily and tended to fallwhile walking and had great difficulty turning. The doctor further states that the claimant lost the remaining hearing in his right ear. His conclusion is that of a total disability, and that the condition has been resistent to all forms of treatment.

The claimant was admitted to Flower Fifth Avenue Hospital in November of 1972. The Judge is incorrect when he states the admission was for another episode of Meniere's disease. A check of the records will show that the claimant was admitted for intercranial pressure. Laboratory tests show positive quantitative Wasserman and VDLR reactive, the claimant was X-rayed for the skull but they were hazy.

The claimant was operated on by Dr. Schiffman at Boulevard Hospital, and was admitted with complaints of dizziness. I also call your attention to the report of Dr. Schiffman dated September 12, 1972 marked "Exhibit 22" which confirms a total hearing loss on the left and fluctuating hearing loss on the right. The doctor found inability to function because of recurrent bouts of vertigo, and this was in September, 1970. This is a prime example of the claimant's seeking private medical attention because of his dissatisfaction with the Veteran's Hospital, from which he was discharged in August of 1970 with inconclusive findings. Dr. Schiffman noted that the claimant had a previous Labyrinthectomy, however, bithermal calorics with bithermal electonystagmogrophy revealed considerable vestibular function on the left side. The claimant was discharged with an unresolved diagnoses, but he did seek treatment and medical help and did submit to a second operation. Therefore, we reiterate that there was no violation of Section 404.1507 of the Social Security Act.

The claimant was seen by Dr. Pulec in August of 1972, and the Judge states that the doctor recommended high dosages of penicillin to control the syphilis. I want to call to your attention that this form of treatment was done at the Lenox Hill Hospital, when the claimant was hospitalized from September 15, 1971 to September 25, 71, under Dr. Brookler. The claimant was given 20 million units of penicillin per day. The hospital records make mention of the fact that the claimant developed a reaction in the form of a fungus in the mouth and had a reaction or was allergic to the penicillin. It should also be noted that the records state that the claimant was a management problem while in the hospital, and we state this corroborates further the anxiety reaction by the claimant. The records mention that because of the above and because of apparent diabetes and abdominal pain the treatment was stopped. The amount of penicillin received by the claimant is extremely high and the doctor recommended that it be done for only ten days because of the risk of anaphylaxis. The final diagnosis was probable luetic labyrinthitis.

In November of 1970, while hospitalized at the Veterans Administration Hospital, the records for 11-12-70 state that the claimant "is convinced that he is allergic to the capsules." The records for 11-13-70 state "penicillin tests were positive, therefore penicillin was eliminated from therapy.

The Administrative Law Judge is incorrect when he states that the claimant makes no mention of his lues condition, and we direct your attention to the Lenox Hill Hospital records and their diagnosis, as well as The Flower Fifth Avenue Hospital records signed by Dr. Roth-

baller, and the report of Dr. Dieter Trelle of the Sun Valley Medical Group, which I am submitting. The Meniere's Syndrome and labyrinthitis are directly related to the luetic condition.

The Judge is incorrect when he states that there is little objective medical evidence to document the claimant's allegations of spinal arthritis and we again call your attention to the report of Dr. Otto Steinbrocker dated September 19, 1973. In so far as the diabetes, we call your attention to the reports of Lenox Hill Hospital (notes for 9-20-71 and 9-25-71) where diabetes Melitis was found.

It is our contention that the Judge is incorrect when he states that when the records of the Flower Fifth Avenue report of November 1972 and the Veterans Administration Hospital report of November 1970, the conclusion is that these are not significant impairments. The Veterans Administration records must be read with the clinic notes. The page covering the admission of 11-9-70 to 11-13-70, marked "Exhibit 10" in your file, is not complete. That page does state that this was the sixth admission for the claimant, and does state an anxiety reaction and psychosomatic complaints. This must also be read with the Doctor's Orders, a copy of which is enclosed, as they mention latent lues and the VDRL factor and there is a psychiatric consultant report signed by Dr. Cassella, which contain objective findings upon which to base the diagnosis of anxiety reaction. This must also be read with the report of the admission of 8-3-70 to 8-20-70, marked Exhibit 9" in your file, which is not complete because there are further clinic notes signed by Dr. Rodriguez. It should also be noted that the claimant was followed after both discharges at the clinic. Dr. Rodrigues diagnosis in August of 1970 was anxiety reaction with depressive features. The Judge makes no mention of the further admission at the Veterans Hospital from 12-15-70 to 12-22-70, when the claimant was again admitted with complaints of dizziness, tinnitus and deafness and vomiting and nausea for several days. Though the record states he was discharged in good condition, it does state he had "light dizziness" and was to be seen in the clinic. There were also complaints of dizzy spells during the August 1970 admission and I call your attention to the Doctors Progress Notes dated 8-17-70, which we are submitting from the full records, not mentioned in the Hospital Summary ("Exhibit 9"). As for the Flower Fifth Avenue Hospital Records of November 1972, the Judge should read these in conjunction with the report of Dr. Shiffman (Exhibit 22), since this doctor did the second surgery on the ear in October of 1972. The records do indicate complaints of dizziness and two attacks were observed by the hospital staff, and the claimant was "quite agitated".

When the Judge states that the anxiety reaction has not been conclusively diagnosed, I call you attention to the reports of

Dr. Rodriguez at the Veterans Administration dated August 25, 1970 August 3, 1970, and November 1970(Exhibit 9), and The Physical Examination which I am submitting from the complete hospital records dated November 9, 1970 and call your attention to item number 19 Neurological, which is by a different doctor.

The Judge also failed to mention that at the hearing the claimant interrupted the cross examination of the Vocational Expert, and that there were several outbursts from the claimant. The claimant also testified to being upset, depressed and nervous and anxious.

As for the Meniere's Syndrome, the Judge is not correct when he states that the claimants seizures are infrequent. The claimant testified that he feels dizzy all of the time and that the attacks only increase in severity. A review of the complete Veterans Administration records show that the claimant was treated with bouts of dizziness, tinnitus, nausea and vomiting on many occasions, including 1-8-70, 5-29-70, 6-1-70, 6-30-70, 8-17-70, 11-9-70, 12-5-70, 12-6-70, 2-21-73, 6-4-73, and 6-5-73. During 1970, the claimant was admitted to the hospital three times, from August 1970 to November 1970 alone, and this was for vertigo, nausea, and dizziness. In 1972 and 1971 he sought treatment at his own expense by private doctors because he was discouraged with the Veterans Administration. He did return there with the same complaints on 2-21-73, 6-4-73, and 6-5-73.

At this time, we are also submitting the reports from the Sun Valley Medical Group, of Serra Memorial Hospital. The four page report of Dr. Trelle with its final diagnosis of chronic labyrinthitis with right perceptive deafness and severe perceptive deafness left, low kidney thresholds for glucose, with glycosuria, and a history of lues. I also call your attention to the doctor's impression of possible diabetes mellitus, labyrinthitis versus Meniere's syndrome, hypertension, and Sprue syndrome. I also wish you to note the impressions noted by Dr. Kaufman after his examination and his recommendation that the claimant would benefit by excision of the vestibular nerves on the left, ...and the morbidity possibility.

We are also submitting a medical report dated 10/15/73 from Dr. Alan A. Polisser indicating he has treated the claimant for syphilis in 1967 and the claimant's allergy"penicillan. We are also submitting the laboratory results of the diagnositc clinic of 32J Welfare fund dated 10/15/71, with the finding of the glucose tolerance test and the high reading.

In closing, it should be noted that this claimant is not a malingerer and that his bouts of dizziness started as early as 1963, while he worked for Con Edison. He testified to this and that this is why he was "laid off". He also testified that he

had to leave his job as an auto mechanic and a mailroom worker because of his dizzy spells and nausea. The claimant also testified that he cannot travel on public transportation and that his wife takes him by taxi to his various doctors, and even to the hearing in this case.

In allsincerity, I feel the claimant's complaints are true. I have spent many hours with him in conference and he is always accompanied by his wife, and he gives the impression of being uncomfortable and distressed. This claimant was treated repeatedly at the Veterans Administration clinic, after being hospitalized many, many times at the Veterans Administration Hospital. It was his impression that due to the fact that he was always seeing different doctors, a proper diagnosis and course of treatment could not be prescribed. He then sought further medical attention, at his own expense with various private doctors and even traveled to California for help. This claimant submitted himself to two major operations on his left ear in hope of overcoming his condition, but to no avail.

The vocational expert, Dr. Fishman, testified that the claimant's ability to do even sedentary work would be dependent on the frequency of his bouts of vertigo and dizziness. He also stated that this assumption would be based on the claimant's ability to travel to gainful employment, and if he would be an employment hazard.

Ibeg the forgiveness of the Appeal's Council for submitting such voluminous medical evidence, but it is necessary to read the Veterans Administration clinic records which are not in your file along with the summaries which are. Whenever this claimant was discharged from the hospital in "good condition", he was always treated immediately thereafter in the clinic.It is necessary to submit the Lenox Hill Hospital Records to show that the claimant did not refuse treatment, and that he did develop a reaction to penicillin and diabetes Mellitis.

Therefore, based on the medical evidence and the claimant's testimony, it is our contention that the claimant is entitled to a period of disability and disability benefits under Sections 216 (i) and 223 of the Social Security Act,as ammended, and we ask that you consider that the claimant suffers from Meniere's disease, a syphilitic condition, diagnosed as lues, spinal arthritis, and severe anxiety reaction.

Respectfully submitted,

Barry B Leighton

BARRY B. LEIGHTON

BBL/jdl

cc: Alfonso Brusdi
cc: Judge Edward V. Alfiere
encs.

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

WIS C LEIGHTON
RRY B LEIGHTON
BERT P LEIGHTON
RAHAM KOZER
THUR K. ASH
UIS ROBERTS

212 267-60 6

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September 19, 1973

Department of Health, Education & Welfare
Social Security Administration
Bureau of Hearings and Appeals
P.O. Box 2518
Washington, D.C. 20013

Re: Alfonso Bruschi
S.S.# 115-01-7603

Gentlemen:

On August 28, 1973 I filed a Notice of Appeal on behalf of my client and to date we have received no acknowledgment. I also stated that my client requested copies of Dr. Brookler's report, and all the Veteran Hospital records in your file, and stated that my client would pay any charge.

In addition, I mentioned that I would submit a formal memorandum of appeal and that my client is extremely emotional and wishes to submit his own letter with his own opinions.

Awaiting your reply.

Yours truly,

Barry B. Leighton

BARRY B. LEIGHTON

BBL/b

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

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BUREAU OF
HEARINGS AND APPEALS

REFER TO:
HA:P
113-01-7869

Mr. Barry B. Leighton
Leighton, Leighton and Leighton
Attorneys at Law
15 Park Row
New York, New York 10038

4 OCT 1973

Dear Mr. Leighton:

Re: Mr. Alfonso Bruschi, 335 East 94th Street, New York, New York 10028

When you requested review of the administrative law judge's decision, you indicated that Mr. Bruschi also wished to submit a letter for consideration. You should send Mr. Bruschi's letter, or any other additional material not previously supplied, or a written statement as to the facts and law in your case. Such material should be submitted to the Appeals Council within 10 days from the date of this letter or you should inform us within that time when it may be expected.

If you find that you are experiencing difficulty in obtaining any additional information, you may contact your local social security office for assistance. If we do not hear from you within the next 10 days, we will proceed with our action in your case.

Attached are copies of the Veterans Administration medical reports which Mr. Bruschi requested. However, we are unable to ascertain which forms he refers to as "any forms he filled out." If he would specify which documents he wishes, they will be furnished when this information is received.

Sincerely yours,

Charles M. Erisman
Member, Appeals Council

cc:
Mr. Alfonso Bruschi

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Take or mail original and all copies to your local social security office.

CLAIMANT	CLAIM FOR
[redacted]	☒ Entitlement to Disability Benefits (97) 13
WAGE EARNER (Leave blank if same as above.)	☐ Continuance of Disability Benefits (98)
	☐ Other (Specify type claim)
SOCIAL SECURITY NUMBER 115-01-7602	

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council, Bureau of Hearings and Appeals, review it. My reasons for disagreement are:

I am totally disable[illegible] ment [illegible] bec[illegible] of the labyrinthectomys and that I am suffering from bilateral [illegible] dizziness and instability and episodic vertigo. I also [illegible] ment hearing loss.

Attach to this form, or forward within 10 days to the Appeals Council at the address shown below, any evidence you wish to submit.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE
Berry B. Leighton, Esq.	
STREET ADDRESS	STREET ADDRESS
15 Park Row	[illegible]
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE
New York, New York 10038	[illegible]
TELEPHONE NUMBER	TELEPHONE NUMBER
267-6016	
DATE	August 18th, 197[illegible]

Claimant should not fill in below this line

Is this request filed within 60 days of the hearing examiner's action? ☐ Yes ☐ No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Request for Review of Hearing Examiner's Action in this case was filed on the date shown and at the place indicated.

The APPEALS COUNCIL will notify you of its action on your request.

Date request for review was filed

Place where request for review was filed

For the Social Security Administration

BY (Signature)

(Title)

(Street Address)

(City) (State) (ZIP Code)

Appeals Council
Bureau of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

Form HA 520
(5-70)

APPEALS COUNCIL

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
5 PARK ROW
NEW YORK, N.Y. 10038

EWIS C LEIGHTON
ARRY B LEIGHTON
OBERT P LEIGHTON
BRAHAM KOZER
RTHUR K AS-
OUIS ROBERTS

August 28th, 1973

212 267-60 6

Department of Health, Education & Welfare
Social Security Administration
Appeals Council
Bureau of Hearings and Appeals
P. O. Box 2518
Washington, D.C. 20013

Re: Alfonso Bruschi
SS# 115-01-7003

Gentlemen:

On behalf of my client, I would like to inform your Council that we are requesting a review by the Appeals Council of the decision of the Administrative Law Judge dated August 8, 1973.

I have an extremely emotional client on my hands and he wishes to submit an appeal letter along with my formal appeal and I am asking if this is agreeable with the Appeals Council.

In addition, my client has asked me to request photocopies from the file of the reports of Dr. Brookler, all Veteran Hospital records in your file, and copies of any forms he filled out for the Administration. He will be happy to pay any expenses for copying.

Respectfully submitted,

BEL/jt

BARRY B. LEIGHTON

BEST COPY AVAILABLE

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

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NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision of the ~~hearing examiner~~ Administrative Law Judge, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing examiner, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g) and 1869 (b) of the Social Security Act.

This notice and enclosed copy of ~~hearing examiner's~~ Administrative Law Judge's decision mailed to the claimant on

August 8, 1973

Form HA-502-3
(7/70)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

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HEARING EXAMINER'S DECISION

In the case of	Claim for
Alfonso Bruschi (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	115-01-7603 (Social Security Number)

This case is before the Administrative Law Judge on a request for hearing filed by the claimant. The claimant was represented by Barry Leighton, Esq.

ISSUES

The general issues before the Administrative Law Judge are whether the claimant is entitled to a period of disability and to disability insurance benefits under Sections 216(i) and 223, respectively of the Social Security Act, as amended. The specific issues are whether the claimant was under a "disability," as defined in the Act and, if so, when such "disability" commenced and the duration thereof; and whether the special earnings requirements of the Act are met for the purpose of entitlement.

LAW AND REGULATIONS

Section 216(i) of the Social Security Act provides for the establishment of a period of disability, and Section 223 of the Act provides for the payment of disability insurance benefits where the requirements specified therein are met.

Section 223(d)(1) of the Social Security Act defines disability (except for certain cases of blindness) as the "inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Section 223(d)(2)(A) further provides that "an individual (except a widow, surviving divorced wife, or widower for purposes of Section 202(e) or (f)) shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual), 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions of the country."

Section 223(d)(3) further states "For purposes of this subsection, a 'physical or mental impairment' is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques."

Section 404.1524(c) of the Regulation No. 4 states, in part, that the "evidence shall also describe the individual's capacity to perform significant functions such as the capacity to sit, stand, or move about, travel, handle objects, hear or speak, and, in cases of mental impairment, the ability to reason or to make occupational, personal, or social adjustments."

EVIDENCE CONSIDERED

The Administrative Law Judge has carefully considered all the testimony at the hearing, the arguments made, the briefs submitted, and the exhibits described in the List of Exhibits attached to this decision.

EVALUATION OF THE EVIDENCE

In January 1972 claimant completed a medical history report indicating that he has suffered from Meniere's syndrome, an inner ear impairment, since 1961. By September 1968, he said, the illness has progressed so as to cause pain and dizziness throughout the day about two times a week. He reported undergoing an operation for the condition in 1969 which left him partially deaf but did not significantly ameliorate his symptoms. He complained of diabetes, pancreatitis, and spinal arthritis impairments which he said were becoming progressively severe.

The Veterans Administration Hospital of New York reported in September 1971 that claimant had surgery in February 1969 for a vagotomy, cholecystectomy, and hernia repair, among other things, because of of recurring epigastric pain. He was discharged in March 1969 after refusing further treatment. He was rehospitalized in July 1969 for recurring stomach pain and was discharged at his request before a final diagnosis was made. In August 1969 he was admitted for a recurring hiatal hernia which required surgical repair, but after laboratory tests had been taken claimant was discharged without further treatment. From August 1969 to February 1970 claimant was hospitalized for two operations, one for the removal of a chronically swollen submandibular gland and the other a labyrinthectomy of the left inner ear. The ear condition had been diagnosed as Meniere's disease and had caused claimant to experience dizziness with occasional vomiting and abdominal pain. He was discharged after this episode of surgery with only functional complaints.

In May 1970 claimant was rehospitalized at the Veterans Administration Hospital for an intestinal obstruction and was operated on again for hernial repair plus a vagotomy and a pyloroplasty (stomach repair). Complete deafness was noted in his left ear at the time. In August 1970 claimant was diagnosed as having an anxiety

reaction with depressive features, but the clinical findings upon which such diagnosis was based were not described. Claimant was given a thorough physical examination to rule out the possibility of somatic impairments, and his mental adjustment after admission to the ward was described as "immediate and satisfactory . . ."

In November 1970 claimant was rehospitalized at the Veterans Administration Hospital with complaints of penicillin allergy but the diagnosis given was psychosomatic anxiety reaction. Claimant related a medical history of syphilis and laboratory tests confirmed that he was in the second stage of that disease. In December 1970 claimant was readmitted following an episode of Meniere's syndrome. Physical examination was essentially normal and no nystagmus (involuntary eye movements) was observed. After a week the condition cleared. In March 1971 laboratory tests revealed that claimant's syphilis serology was elevated. In September 1971 claimant returned to the hospital with gastro-intestinal complaints, but he left before a final diagnosis could be made. On the basis of his history and symptoms, dumping syndrome was ruled out.

Dr. Brookler, examined claimant in July and September 1971 and confirmed a diagnosis of Meniere's disease in both ears, probably caused by syphilis. The doctor found claimant to be totally deaf in the left ear and to have fluctuating hearing loss in the right ear, based on audiometry studies. Claimant also complained of persistent unsteadiness in his medical history. In February 1972, Dr. Brookler reported that no audiogram was available for measuring the extent of hearing loss.

Dr. Berlove, an otolaryngologist, examined claimant in March 1972 and administered an audiogram confirming total deafness in the left ear and a 40 percent loss of function in the right. The doctor reported finding no nystagmus or past-pointing (symptoms of advanced loss of equilibrum) and he noted that the right ear responded normally to caloric testing and that claimant's gait was not affected by the ear condition. The doctor felt that a hearing aid might improve the hearing in the right ear another 30 percent, to a total of 60 or 70 percent of normal.

In March 1972 claimant indicated that he wished to develop and submit additional medical evidence. In September 1972, Dr. Felix Shiffman examined claimant's inner ear functions with inconclusive results. Dr. Frost, an otolaryngologist, reported he examined claimant's ears in April 1971 or 1972, with the left ear being totally deaf and the right hearing 88 percent function but progressively deteriorating. The doctor referred claimant for a hearing aid evaluation.

In November 1972 claimant was admitted to the Flower and Fifth Avenue Hospital for another episode of Meniere's disease. Laboratory studies showed postive quantitative Wasserman and UDRL tests (indicating secondary syphilis) but a negative spinal fluid Wasserman probably indicating that syphilis had not progressed to the tertiary stage. X-rays of the skull were hazy, and no gross pathology was observed on physical examination. During the course of his hospitalization claimant was observed to be non-synptomatic, despite his complaints and medical history to the contrary. He was discharged in unsymptomatic condition and with unresolved diagnoses of controlled syphilis and post-surgical labyrinth syndrome.

In August 1972 Dr. Pulec, an otologist, examined claimant's ears and tentatively recommended high dosages of penicillin to control the syphilis and possibly additional surgery to control the vertigo symptoms. The doctor suggested additional evaluation before confirming his recommendations.

Claimant's chief complaints is Meniere's syndrome with associated vertigo and deafness. The other symptoms of the syndrome, such as tinnitus and nausea, are not claimed to be of disabling severity. Claimant also claims to be suffering from spinal arthritis, diabetes and pancreatitis. He makes no mention of his lues (syphilitic) condition or of his mental state, although the file contains some evidence regarding impairments which must be considered.

There is little objective medical evidence of record to document claimant's allegations of spinal arthritis, pancreatitis, or diabetes. He was repeatedly given comprehensive medical examinations by private physicians and by hospital staff physicians, yet he did not mention these ailments in his medical history and the objective medical findings were not remarkable. When we compare Veterans Administration Hospital report of November 1970 and Flower Fifth Avenue report of November 1972

The conclusion is that these are not significant impairments.

The syphilitic condition is serious but has not reached disabling severity, either by itself or in combination with other impairments. Claimant's laboratory tests repeatedly demonstrate the presence of secondary stage syphilis, but Dr. Pulce indicates that the condition can be controlled with medication and the various hospital reports do not tend to contradict this opinion. Furthermore the doctor noted that claimant did not stay for the recommended examinations nor complete the treatment with the orotolgic medical group. If an impairment reasonably can be remedied by treatment and an individual willfully fails to follow such prescribed treatment the impairment cannot serve as a basis for a finding of disability. Section 404.1507, Regulations No. 4, Social Security Administration.

Claimant's mental state has not been conclusively diagnosed as an anxiety reaction because there are no objective clinical findings in the file to substantiate such a diagnosis. It is possible, in fact likely, that claimant might experience some anxiety under the circumstances, but there is no reliable indication that his nervousness has reached a disabling level of severity, such as a psychosis. The latest opinion concerning claimant's mental state was given by the Veterans Administration in November 1970, and the diagnosis was psychosomatic anxiety reaction. This is not the degree of disability contemplated by the Act and Regulations. Thus, the medical evidence shows that the claimant may have a psychogenic overlay; however, he is not psychotic. In evaluating impairments involving psychoneurotic disorders, consideration is given to whether this condition has resulted in severe social and occupational regression. Although the claimant was found to have some complaints, there is no evidence of decreased attention span or decreased ability to concentrate. His reasoning and concentration ability are normal and there is no evidence of any defective judgment. There is no apparent deterioration of his personal habits and no impairment of his ability to relate to other people.

At the hearing, the claimant was observed to be neat in appearance and in good contact. He answered questions in a coherent and responsive manner. His facies were normal and his personality showed no deviation. Accordingly, the evidence does not reveal the presence of any significant psychiatric cabling severe social, personal and occupational regression.

As for the Meniere's syndrome, claimant's deafness is total in the left ear but can be rehabilitated in the right ear, with the use of a hearing aid, to at least 60 percent and possibly more of normal function. This would be sufficient for him to be able to perceive loud noises warning him of occupational hazards. His gait is not affected, except when he is directly experiencing a seizure. In this regard the record shows they are infrequent and not so frequent as alleged by claimant. There is no nystagmus or past-pointing and his ear sometimes responds normally to caloric testing. Thus, it is reasonable to conclude that claimant can have more than 40% usage of one ear with a hearing aid. With respect to the loss of balance due to inner ear impairments the objective symptoms do not indicate a case of Meniere's syndrome of disabling severity because attacks are not frequent and gait is not affected.

The claimant is currently 53 years old, completed 8 years of schooling and has worked as a mechanic and driver of buses. He has also worked as a clerk, mail clerk and dispatcher. Considering his age, education and experience and the fact that he has the physical and mental capacity to do light and sedentary work, the claimant may be expected to perform the jobs for which a vocational expert testified he was qualified, i.e., dispatching, mail clerk and general office clerical work. These jobs reportedly exist in significant numbers in the region where the claimant lives.

Claimant relies on the Veterans Administration's medical reports and its rating of his disability based on such reports to establish his entitlement to disability insurance benefits under the Social Security Act, as amended. Such determinations of disability, however, from other governmental agencies are not dispositive of the questions in cases under the Social Security Act, since the requirements for disability vary under different legislative programs. Accordingly, a finding of disability by the Veterans Administration is not binding on the Secretary (Section 404.1525).

FINDINGS

The Administrative Law Judge makes the following findings in this case:

1. The claimant stated he was born on March 23, 1920, completed 8 years of schooling, and worked as an auto mechanic, mail clerk and dispatcher.

2. The claimant met the special earnings requirements in March 1972, the alleged date of disability onset, and not thereafter.

3. The claimant has no significant arthritic or mental or emotional impairment.

4. The claimant has Meniere's disease of a moderate degree and a veneral disease.

5. The claimant is unable to perform heavy manual labor or work requiring frequent bending, lifting, or stooping, but he is able to function otherwise satisfactorily.

6. Considering the claimant's residual capacity and his vocational background he is able to perform jobs which are present in significant numbers in the region where he lives, e.g., he is able to perform light and sedentary jobs, such as dispatcher, mail clerk, and general office clerical work.

7. The claimant was not prevented from engaging in any substantial gainful activity for any continuous period begin-

ning on or before March 1972, the date he last met the special earnings requirements, which has lasted or could be expected to last for at least 12 months.

8. The claimant was not under a "disability", as defined in the Social Security Act, as amended, at any time prior to the date of this decision.

DECISION

It is the decision of the Administrative Law Judge that based on the application filed on September 7, 1971, the claimant is not entitled to a period of disability or to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended.

Edward V. Alfieri

EDWARD V. ALFIERI
Acting Administrative Law Judge
In-Charge

Date: August 8, 1973

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

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NOTICE BY ATTORNEY OF APPOINTMENT AS REPRESENTATIVE

I have been appointed by Alfonso F. Bruschi
(Claimant)

to act as (his) ~~(her)~~ representative with respect to (his) ~~(her)~~ claim under the Social Security Act based on the earnings record of Alfonso F. Bruschi 115-01-7603
(Wage Earner or Self-Employed Individual) (Social Security Number)

I am authorized to obtain from the Administration information concerning this claim; and it is understood that any notice or request sent to me shall have the same force and effect as if sent to the above claimant.

I am in good standing in the courts in which I have been admitted to practice law.

Barry B. Leighton
(Signature of Attorney)

Barry B. Leighton, Esq.
(Type or Print Name of Attorney)

15 Park Row
(Address)

New York, New York 10038

April 24, 1973
(Date)

267-6016
(Telephone Number)

(SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON REGULATIONS PERTAINING TO FEES FOR SERVICES TO A PARTY AND INFORMATION ON CONFLICT OF INTEREST)

FORM HA-512.1
(5-69)

The rules governing fees for the representation of claimants appear in sections 404.971 through 404.977(a) of Regulations No. 4 of the Social Security Administration (Title 20, Code of Federal Regulations). In summary, the regulations provide that:

An attorney desiring to charge and receive a fee for services rendered for an individual in any proceeding before the Administration under titles II or XVIII of the Social Security Act must file a written petition to obtain approval of such fee. The petition must contain, in addition to other specific information, an itemization of the services rendered and the time expended (as set forth in §404.976(a)). The amount of the fee, if any, will be determined (on the basis of the various factors described in §404.976(b)) by an authorized official of the appropriate component of the Administration where the attorney's services were concluded, and no fee shall be charged or received which is in excess of the amount approved. This rule is applicable whether the fee is charged to or received from a party to the proceeding or someone else (§404.975).

* * * * * * * * * * * * *

The attorney should maintain an itemized record of his services rendered and the time expended in any social security case he handles. This will facilitate the preparation of the required petition.

Printed petition forms, which provide for the inclusion of all the required information, are available upon request from social security district offices, hearing examiner offices, or the Bureau of Hearings and Appeals, Social Security Administration, P.O. Box 2518, Washington, D. C., 20013.

Section 206(a) of the Social Security Act provides:

"* * * Any person * * * who shall knowingly charge or collect directly or indirectly any fee in excess of the maximum fee, or make any agreement directly or indirectly to charge or collect any fee in excess of the maximum fee, prescribed by the Secretary shall be deemed guilty of a misdemeanor and, upon conviction thereof, shall for each offense be punished by a fine not exceeding $500 or by imprisonment not exceeding one year, or both."

CONFLICT OF INTEREST

Sections 203, 205 and 207 of Title 18 of the United States Code make it a criminal offense for certain officers, employees and former officers and employees of the United States to render certain services in matters affecting the Government or to aid or assist in the prosecution of claims against the United States.

PARTMENT OF HEALTH, EDUCATION, AND WELFARE
CIAL SECURITY ADMINISTRATION
REAU OF HEARINGS AND APPEALS

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AMENDED NOTICE OF HEARING

n the case of

Alfonso F. Bruschi
(Claimant)

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and Disability Insurance Benefits

115-01-7603
(Social Security Number)

Mr. Alfonso F. Bruschi
335 East 94th Street
New York, New York 10028

The hearing in this case which was scheduled for April 2, 1973 (Date) will be held instead on the 24th day of April, 1973 at 9:30 o'clock in room 3138 of Federal Building, 26 Federal Plaza (Number and Street)

New York (City), New York (State)

IMPORTANT—Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

Please arrive one-half hour early in order to examine the proposed exhibits in this case before the hearing.
A vocational expert will be present at the hearing. The pertinent evidence in your case will be sent to him for study. At the hearing you may question the vocational expert and submit other evidence for consideration.

Hearing Examiner: Administrative Law Judge
Edward [illegible]

Date: April 6, 1973

Telephone Number: 264-3821

Mail Address: Bureau of Hearings and Appeals
Room 3138, Federal Building
26 Federal Plaza
New York, New York 10007

cc Representative (Name and Address) Barry Leighton, Esq., 15 Park Row, New York, New York 10038

District Office (Address) 230 W. 125th St., New York, N.Y 10027

Enclosure

Form HA-506b
(11 71)

HEARING FILE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF HEARING

In case of

Alfonso F. Bruschi
(Claimant - Wage Earner)

115-01-7603
(Social Security Number)

Claim For 58

Period of Disability and

Disability Insurance Benefits

TO:

Mr. Alfonso F. Bruschi
335 East 94th Street - Apt. 3
New York, New York 10028

Pursuant to your written request and provisions of section 205(b) of the Social Security Act, a hearing will be held by the undersigned, an Administrative Law Judge of the Bureau of Hearings and Appeals on the **2nd** day of **April, 1973** at **2:00** o'clock in Room **3138** of **Federal (Duane St. & Broadway)** Building

26 Federal Plaza (Number and Street), **New York** (City), **New York** (State)

The general issues to be determined are whether you are entitled to a period of disability under section 216(i) and to disability insurance benefits under section 223(a).

The specific issues to be decided are: (1) Whether you have the required insured status under the law; and if so, as of what date(s); (2) The nature and extent of your impairments; (3) Whether your impairment has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death; (4) Your ability to engage in substantial gainful activity since your impairment began; (5) When your disability, if any, began.

This hearing involves your application(s) filed on **September 7, 1971** (Date).

You should be prepared to prove that you were under a disability on or before **March 31, 1972** (Date).

It may be to your interest to have your physicians appear at the hearing to testify on your behalf. Be prepared to furnish: your entire work history, including names of employers, dates of employment and a description of duties performed; schools and training; names of physicians who have examined or treated you; and periods of hospitalization with names of hospitals.

REMARKS:

Please arrive one-half hour early in order to examine the proposed exhibits in your case before the hearing.

IMPORTANT--Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

Administrative Law Judge	Mail Address
Edward R. McGrath	**Bureau of Hearings and Appeals** **Room 3138, Federal Building** **26 Federal Plaza** **New York, New York 10007**
Date: **March 20, 1973**	Telephone Number: **264-3821**

cc Representative *(Name and Address)*

District Office *(Address)* **230 W. 125th St., New York, N.Y 10027**

Enclosure

READ THE OTHER SIDE OF THIS NOTICE FOR FURTHER INFORMATION REGARDING YOUR HEARING

FORM HA-507.1
(9-72)

"HEARING FILE"

(Over)

IMPORTANT INFORMATION

What is Meant by "Disability"

To be found under a "disability", an individual must be unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death. The impairment must be so severe as to prevent the individual from engaging not only in his usual work, but, considering his age, education, previous training and work experience, in any other kind of substantial gainful work which exists in significant numbers either in the region in which he lives or in several regions of the country.

Appearance At Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Administrative Law Judge promptly and give your reasons. Also indicate the earliest date after which your case can be re-scheduled for hearing.

Conduct of Hearing

The law places on you the burden of submitting evidence to support your claim. Bring to the hearing all evidence not already presented in your case.

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the hearing office.

At the hearing the Administrative Law Judge will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If you are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent withheld, the difference will be paid directly to you. If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security office will be glad to help you.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE 60
SOCIAL SECURITY ADMINISTRATION

REFER TO

BUREAU OF
HEARINGS AND APPEALS

March 6, 1973

Mr. Alfonso Bruschi
335 E. 94th Street
New York, New York

We have received your request for a hearing on your social security claim. Because of the number of hearing requests that are pending in this office, there may be some delay before your hearing can be held. However, you may be sure that it will be held as soon as possible.

You will be notified of the time and place of the hearing.

Sincerely yours,

Edward V. Alfieri
[redacted]
Administrative Law Judge

HEARING FILE

Form HA-L4
(12-71)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR HEARING

Take or mail original and all copies to your local Social Security office

RECEIVED
SEP 30 1972
B.H. - LA
REGION IX

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CLAIMANT'S NAME: ALFONSO F. BRUSCHI

WAGE EARNER'S NAME (Leave blank if same as above)

SOCIAL SECURITY NUMBER: 115-01-7603

CLAIM FOR:
- [X] Entitlement to Disability Benefits (97)
- [ ] Continuance of Disability Benefits (98)
- [ ] Other

(Specify type claim)

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are: The V.A. evidence submitted was incorrect; I am unable to work.

Check one of the following:
- [ ] I have additional evidence to submit. (Attach such evidence to this form or forward to the Social Security Office within 10 days.)
- [X] I have no additional evidence to submit.

Check ONLY ONE of the statements below.
- [X] I wish to appear in person before the hearing examiner.
- [ ] I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign-Enter addresses for both. If claimant's representative is not an attorney, complete Form SSA-1696)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE
	/Alfonso F. Bruschi
ADDRESS	ADDRESS
	9775 Vera Ave.
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE
	Arleta, Ca 91332
TELEPHONE NUMBER	TELEPHONE NUMBER
( )	896-6780

DATE: 8/29/72
Claimant should not fill in below this line

Is this request filed within 6 months of the reconsideration determination? [X] Yes [ ] No
If "No" is checked: (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the Social Security Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on 8/29/72 at Van Nuys D/O
The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

Hearing Examiner Copy
TO:
[X] Hearing Examiner 11000 Wilshire Blvd L.A., Ca (Location)

Claim File Copy
TO:
- [ ] Hearing Examiner
- [ ] Payment Center (Location)
- [ ] BHI (Location)
- [ ] OIO (BRSI) [ ] CWAC (BDPA)

Interpreter Needed (Language)

For the Social Security Administration

By: G Altman, CRT
(Signature) (Title)
7138 Van Nuys Blvd
(Street Address)
Van Nuys, Ca 91405
(City) (State) (ZIP Code)

Servicing District Office Code 975

Form HA 50 (3-71)

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HEARING EXAMINER

027 57e

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

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TRANSCRIPT

In the case of	Claim for
Alfonso F. Bruschi (Claimant)	Disability Insurance Benefits
(Wage Earner)	115-01-7603 (Social Security Account Number)

Hearing Held

at

Room 3138, Federal Building

26 Federal Plaza, New York, N.Y.

on

April 24, 1973

APPEARANCES: Alfonso F. Bruschi, Claimant
Barry B. Leighton, Attorney for Claimant
Dr. Sidney Fishman, Vocational Expert

Edward V. Alfieri
Administrative Law Judge

Gertrude Sobel
Hearing Assistant

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In the case of

Alfonso F. Bruschi

Account Number

115-01-7603

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(The following is a transcript of the hearing held before Edward V. Alfieri, an Administrative Law Judge of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, on April 24, 1973, at New York, New York, in the case of Alfonso F. Bruschi, claimant and wage earner, social security account number 115-01-7603. The claimant, Alfonso F. Bruschi, appeared in person and was represented by his attorney, Barry B. Leighton, Esq. Also present was Dr. Sidney Fishman, Vocational Expert.)

(The hearing commenced at 9:40 a.m., on April 24, 1973.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

ADMINISTRATIVE LAW JUDGE: This hearing is now opened. Counselor, would you note your appearance for the record please?

COUNSELOR: Barry B. Leighton, 15 Park Row, New York, N.Y.

ADMINISTRATIVE LAW JUDGE: Counselor, have you been before this Bureau before?

COUNSELOR: Yes sir, I have.

ADMINISTRATIVE LAW JUDGE: Then you are fully familiar with the procedure at the hearings?

COUNSELOR: Yes sir.

ADMINISTRATIVE LAW JUDGE: This is a case involving the claim of Alfonse F. Bruschi, is that the right pronounciation sir? Bruschi?

CLAIMANT: Bruschi, yes, Alfonso.

ADMINISTRATIVE LAW JUDGE: Claimant and wage earner, whose social security number is 115-01-7603. This hearing is being held at the request of Mr. Bruschi under section 205(b) of the Social Security Act, as amended. It is being held after due notice on this 24th day of April,

1973, at 26 Federal Plaza, New York City, New York, before me, Judge Alfieri, of the Bureau of Hearings and Appeals, the Department of Health, Education, and Welfare. Let the record show that the claimant is present with his attorney, Barry B. Leighton of 15 Park Row, New York, New York. Is also present, Vocational Expert, Dr. Fishman. Also present in the room is Mrs. Bruschi, is that right sir?

CLAIMANT: Correct.

ADMINISTRATIVE LAW JUDGE: Now Counselor, is Mrs. Bruschi going to testify this morning?

COUNSELOR: No Sir.

ADMINISTRATIVE LAW JUDGE: Now Counselor, do you want me to explain to your client some of the elements of this proceeding.

COUNSELOR: If you'd like sir.

ADMINISTRATIVE LAW JUDGE: Alright. Now Bruschi what we are going to do this morning is we are going to give you the hearing that you requested sir, because you are dissatisfied with a determination by the Social Security Administration. What I am going to do is I am going to make a new and independent determination based on the record that we make here this morning. Now at this point I am going to ask you through your counsel, as to whether or not he has had an opportunity to examine the documents that I have in this folder before me and they are marked exhibits 1 through 21. Counselor, have you had an opportunity to examine these?

COUNSELOR: Yes sir, I have.

ADMINISTRATIVE LAW JUDGE: Now Mr. Bruschi, did you yourself look at these papers on a day other than today sir? When were you here, do you recall? What is your answer sir?

CLAIMANT: I did, but I don't remember the date.

ADMINISTRATIVE LAW JUDGE: But you did see them before?

CLAIMANT: I did.

ADMINISTRATIVE LAW JUDGE: Counselor, do you have any objection to placing these in evidence?

COUNSELOR: No objection.

ADMINISTRATIVE LAW JUDGE: Alright, then let the record show that we place in evidence exhibits 1 through 21. Now Mr. Bruschi, the record is going to consist of these documents, any other documents that you wish to present for my consideration, your testimony and the testimony of Dr. Fishman. Now let me tell you why Dr. Fishman is here. Dr. Fishman is a Vocational Expert. His function is to tell me whether or not, based on the testimony that he hears today and on the documents that are going to be made part of this record, and he has seen those marked 1 through 21, whether or not you would be able to engage in any type of work based on hypothetical questions that I should put to him.

For instance, I would say to him, " Dr. Fishman, assuming that I were to find that Mr. Bruschi cannot engage in his regular occupation as an automobile mechanic, assuming too, that he has a hearing loss of a certain percentage, and has other problems which I would mention to him, whether or not you would be able to engage in any kind of work in different categories, such as light, medium work." And this would be based on your age, your education and your vocational experience. Now when he answers the question, he is not making a decision for me, I make that determination. He is merely advising me whether or not there are certain types of jobs available that you, under the hypothetical situations that I give him, might be able to engage in. Do you understand that sir? Now counselor, do you feel that there is any further explanation with respect for the presence of the V.E. that is necessary?

COUNSELOR: No sir.

ADMINISTRATIVE LAW JUDGE: Another thing Mr. Bruschi, we are not going to be bound by the rules of ethics as you find in the court. However, your testimony will be under oath and the testimony of Dr. Fishman will be under oath. Now sir, what I did is I've prepared a history of your case and I want to read it to you. You filed an application for Disability Insurance Benefits on September 7, 1971, alleging a disability due to Meniere's disease and a major stomach operation as of September, 1968. On October 26, 1971, the Social Security Administration made a determination denying your application. On January 10, 1972, you requested a reconsideration, and on April 18, 1972, the Reconsideration

Division affirmed what the Social Security Administration initially had decided. Now your earnings record shows that for the purposes of Disability Insurance Benefits you were covered up through March 31, 1972. Now sir, with respect to the events that took place, did I give you an accurate statement of those events? Now keep in mind when I say events, I'm not talking about whether or not the Social Security Administration determination was right or not, but simply whether or not these determinations were made.

CLAIMANT: I don't quite get--can you read some of it again, 'cause I didn't quite get some of it, I had an objection but I can't remember what part of it that you were reading that there was an objection to--

ADMINISTRATIVE LAW JUDGE: Alright, now let me ask you before we go any further, can you hear me?

CLAIMANT: I can just--its--barely, like I say I can--

ADMINISTRATIVE LAW JUDGE: Alright--

CLAIMANT: hear you by looking at you, I lip read and hear, so I have-- the amplification seems to be just about--

ADMINISTRATIVE LAW JUDGE: You filed an application for Disability Insurance Benefits on September 7, 1971, right? You said that you had Meniere's disease and a serious stomach operation. Is that right?

CLAIMANT: In the day-to-day--

ADMINISTRATIVE LAW JUDGE: And you said that this affected you as of September, 1968. Now you seem to have some question sir--

CLAIMANT: Yes, yes—

ADMINISTRATIVE LAW JUDGE: So, I am going to show you exhibit 1—

CLAIMANT: Yes, yes, Sir, thats correct, yes sir, September, 1968 is when the disability started.

ADMINISTRATIVE LAW JUDGE: Is there any other part now that you object to or you didn't understand?

CLAIMANT: No, no, that was the thing because the date had me confused. The date had me confused, September, 1968 was when the disability--I mean when the manifestations of the disability became so severe that it incapcitated me.

ADMINISTRATIVE LAW JUDGE: I see. Well sir, now the issue that we have today is whether or not you are disabled within the meaning of the Social Security Act, and we will consider all and any evidence of your disability or impairments on or before March 31, 1972. You understand that?

CLAIMANT: Yes, sir.

ADMINISTRATIVE LAW JUDGE: Alright.

CLAIMANT: Yes, I understood it.

ADMINISTRATIVE LAW JUDGE: Alright now Mr. Bruschi, if you get just a little closer to that microphone and speak directly into it, I think we'll have no difficulty with you. Now counselor, is there any documentation that you wish to present at this time for my consideration?

COUNSELOR: Yes sir, there is. I have at this time, four reports I'd like to submit into the record and I have one further report which is in the mail in the next week or so, the Doctor's on vacation.

ADMINISTRATIVE LAW JUDGE: Counselor, we are going to mark these in evidence. Now, exhibit 22 will be the letter dated September 19, 1972 from Dr. Schiffman. 23 will be the letter from Dr. Frost and thats September 22, 1972. 24 will be the summary discharge of the New Medical College. 25 will be the letter from the Otologic Medical Group. I've put them in that order because I think that they are chronologically--

COUNSELOR: Yes sir.

ADMINISTRATIVE LAW JUDGE: Now counselor, would you want these letters back?

COUNSELOR: No sir, I've made copies.

ADMINISTRATIVE LAW JUDGE: Do you have copies so far?

COUNSELOR: So far.

ADMINISTRATIVE LAW JUDGE: Mr. Leighton, we will prepare Professional Qualification sheets on each of these doctors. Do you want to see them when we place them in the record?

COUNSELOR: It won't be necessary.

ADMINISTRATIVE LAW JUDGE: Dr. Fishman, may I show you these please?

ADMINISTRATIVE LAW JUDGE: Are you going to testify sir?

CLAIMANT: Yes, I am.

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The claimant, ALFONSO F. BRUSCHI, having been first duly sworn, testified as follows:

EXAMINATION BY ADMINISTRATIVE LAW JUDGE:

Q Please state your name and address for the record.

A My name is Alfonso Frank--which, I generally use the middle initial, F., but I'll use the full name, Frank, Bruschi, B-R-U-S-C-H-I, the address is 335 East 94th Street, New York City, 10028, Apartment 3.

Q Will you just stand back a little bit from that microphone so we don't get that vibration, thank you. Now will you tell me your age, and date of birth please?

A According to the records that I have available its 19--March 23, 1920 and that was based on the passport when we entered this country in 1921. The actual date of birth I have never been able to ascertain because I can not obtain a birth certificate from Italy, where I was born. Due to the fact that my mother and father were married in Austria where the state was considered before the church and Italy the church was considered before the state, so consequently at that time, they did not recognize my mother and father's marriage, so consequently no birth certificate was available. But as far as the records went they had entered it as March 23, 1920, and I've carried that date since.

Q Now Mr. Bruschi, just to go off on a tangent for a minute sir, I'm sure your counsel will advise you that establishing your date of birth will be very important to you in a future time when it comes time to be awarded say, Retirement Insurance Benefits and other times, so just bear in mind, its very important.

A Well, the question is that all of my papers show, school records and whatnot, show the date of 1920, so thats close.

Q Well, tell me about your educational background, sir.

A Well, I completed the eighth grade at St. Joseph's School in the Bronx, that was the extent of it, of the education. Now, I was under several rehabilitative programs, I was given a training at one time, in Automotive Electronics in California, I think.

Q When you say Automotive Electronics, is that one course or are you speaking of two courses?

A No, thats one course, right, in other words--a tune-up--a thing called Automotive Electronics. And then I was further given some--or tried to rehabilitate--New York State tried to rehabilitate me and I was given training which I didn't complete in camera, photography. That is the only training that I've had.

Q Will you tell me your vocational background?

A Well, I--vocational background--I was mechanically inclined and I entered the mechanical field and stayed in it pretty much all of my life up until say 1965, until the arthritis became so severe that I had to discontinue, and then I tried to see if I could get other work.

Q Now, you say that you were an automechanic until 1965?

A Thats correct, sir.

Q What work did you do after that?

A Then I did some work as a clerk, not a clerk but a--mailroom, I worked in a mailroom for a company. And then I worked for a fish company for three months in '68 as a dispatcher, and then I worked--I think I worked two or three weeks for Tempo--Office Tempories, Incorporated as a clerk, they send you to various places on a temporary basis, on a per diem basis. There's no skill involved, you'd go down, you sorted cards or you worked on files, there was no--I mean it didn't--there was no--no skill had to be involved, I mean it was more--they'd just show you how to file. One place I think I worked for Sterns, you had cards, you had to pull cards out that were marked New Jersey and put them on different piles, cards were marked New York, you put them on different piles, and that was the extent of it.

Q Well now sir, let me go back to when you were an automobile mechanic, will you tell me what kind of tools you used?

A During the course of years as an automobile mechanic, I had changed jobs frequently and I had learned by changing from one job to another, in other words you work one place, they'd limit you. When they found that you could do a certain job, they would stick you with that job and I didn't feel--so I just kept changing and consequently then during working at different jobs, I learned how to use a variety of tools.

Q Did you use a lot of meters sir?

A Meters, in the automotive field which I became quite proficient.

Q Now were you required to lift or push anything sir?

A Definitely, becuase, you see--this--the automobile mechanic it should be omitted to read heavy duty mechanic. I never worked on automobiles per se. I worked on trucks and buses only, there was no automobiles involved whatsoever. It was all heavy duty work. It involved working sometimes with pieces that run as high as 6,000 lbs.

Q Now, were you required sir to drive a--say a panel truck or a small pick-up truck in going around repairing the trucks and buses?

A No, I was considered a road man. When I was required, being a road man, to take relief buses out or relief trucks out, of all descriptions, to a point to where the truck or the bus loaded with passengers had broke down, exchange, repair if I could, the broken one and return to--to the garage for further repairs.

Q And you had to have a driver's license, of course, to bring these buses back?

A Definitely, yes.

Q I see. Now, about how long did you work as a mailclerk?

A Seven months.

Q Seven months?

A Yes.

Q Well now, if you left the job as an automobile mechanic in 1965 then you worked about seven months as a mailclerk, so that would be when? 1966?

A No. No, no, no. I worked as an auto--as a mechanic steady, I should have mentioned that to you--1965--I'll look--it's my fault.

Q Take your time, just take your time.

A No, well you see I don't remember these things--because--it gets confusing. No, it was actually '67 when I stopped.

Q '67?

A Yes. Or late '66, lets put it that way, when I stopped working. I finally sold my tools because I figured there was no sense to it anymore. I just couldn't do the work and I was rec--advised by the--the orthopedist, or the--that I shouldn't do it--and it's--then I went to work as a mailclerk.

Q Alright, so about 1967 you went to work as a mailclerk, and you stayed there about seven months?

A Seven months.

Q Did you work for private industry or is that a government job?

A No, that was private industry.

Q Now what were your duties as a mailclerk?

A Well, I took--made up packages, took them to the post office because the company I worked for, they were importers of aluminum from a french company, Pechines (phonetic) and the name of the company was International Selling, I thing. They imported aluminum products and various other products from Pechines (phonetic) Industries, so I had to make up packages and take them to the Post Office, general mail duties, sorting the mail and carrying packages back and forth for the salesmen. Occasionally I had to drive to the airport.

Q Now, when you made up packages you sat at a workbench or a desk and prepared these packages or was it always done in a standing position?

A Well, no because there was mostly bulky aluminum parts--you couldn't do it sitting down, it had to be--had to be done on a standing position.

Q Standing position? Now, could you estimate at what the weight would be of the packages that you would have to take to the post office?

A Well, it ran--the heaviest one, I say would run around 60 lbs. It would vary anywhere from 5 to 60 lbs.

Q Was there any type of tools or equipment that you used in the mailroom?

A Well, you had a strapping machine that you had to use, of course, when you made packages you know, you had to put a steel strap around sometimes, on some of the packages--that was--you used--screwdriver and a hammer actually to nail the crating material or when the packages that came into one--to one crate--and delivered them to the salesmen wherever they are. The tools were no problem because like I say, being I worked as a mechanic, it was no--difficulty in using the tools.

Q Could you tell me just about when you left that job?

A I think it was in '6--I think it was '67 or '68 or '67--yes, I think it was '68 I left. I'm not sure, you know, I get confused, because like I say, I don't--I don't have the records.

Q Well, your best recollection sir, that's all.

A Yes, that's the one.

Q About '68 you left there. Now, why did you leave your job as an automobile mechanic?

A Because of the arthritis and the disease. Ah--only you'll have to forgive me, because you see I don't--it's a tendency you have when you don't hear too well--you know, either I speak too low or I'm afraid to shout. If I spaek--just--I'll repeat it.

Q How long did you stay out of work when you left the mechanic's job and then worked as a mailclerk?

A Six months, let's say.

Q Now during that approximately six month period, what did you do?

A Sat home.

Q Get any medical attention?

A I went to the doctors and they said it was a hiatus hernia that was giving me the trouble and they gave me some Mylanta for the stomach and tranquilizers and the was the extent of it.

Q Now, why did you leave the job as a mailclerk?

A Because, again, I started the--the dizziness started to get severe and I had to discontinue it. In fact, in 1963 Con Edison laid me off. They discharged me because of the dizziness. I was no longer able to function, and they laid me off when I was out--I worked for them for several years.

Q Now, approximately when did you leave your job as a mailclerk?

A Did I say '68?

Q Yes, you said about 1968. Now what I'm trying to find out sir, is whether that would be in September, 1968.

A No, no. September, 1968--September 1968, I think I was working for Amsterdam Fish Company who--yes, like I said, I can't--I don't recollect, thats the whole thing.

Q You say you claim that you are disabled as of September, 1968 and on your earnings record it shows that you had worked the two of the four quarters of 1968 and that you worked one quarter in 1969.

A One quarter of '69?

Q Yes. Now, Mrs. Bruschi, I must caution you that you are not to prompt the witness in any manner at all. I understand you anxiety but please, don't do that again.

A I didn't hear her do--'69? I worked a quarter in '69?

Q There's a report of having worked one quarter. Alright, now when did you work for the fish company as a dispatcher?

A That was in '68, and I entered the hospital in '68.

Q Alright now, just lets go back to your vocational experience timetable again. You worked as a mailclerk and then you left that job about 1968. When in 1968?

A It was in the early part of the year.

Q Alright, did you then go to work for the fish company?

A No, the fish company--I don't remember.

Q Which came first?

A The mailclerk. Then came the fish company, but--I was hospitalized after I worked for the fish company. That was it, I was hospitalized. You know--that--thats the thing I don't--I don't remember the chronological order--I know I was hospitalized in '68 twice, I was hospitalized. That I remember.

Q Now, what was your function as a dispatcher?

A A dispatcher in a fish market, I took care of dispatching or seeing that the fish, when it came in--when it entered the market--that the correct count of crates of fish came in--then when the orders were made up I had to check to see that the orders were correct--when they were loaded on the trucks and that the bills submitted were in order, and I had to take inventory once a month of the freezer content.

Q Now sir, in this job as a dispatcher, you did it in a sitting position primarily?

A No. See, because when the fish came in you had to stand at the door because they delivered the fish, then when you go in you had to go check the orders outside, sometimes you sat down when they gave you--when you had a number of bills that you had to collate to make up the routes, but most of the time you're out checking to see that the orders were correctly made-- most of it--most of it was--

Q Well, would it be a fair description sir, to say that it was done in both a standing position and that you would be mobile walking around the plant and also sitting at a desk or a table?

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A Thats correct.

Q Did you use any business machines?

A No.

Q No adding machines, typewriter, nothing of that sort? Were you called upon to use an intercom system?

A No.

Q Now, sir tell me about your confinements to the hospital, you say twice in 1968 you went to the hospital?

A Thats correct.

Q Alright, will you tell me about them, sir?

A I was hospitalized in Medical Arts Hospital--that had to be somewhere--somewhere in August--July or August in Medical Arts Hospital with Dr. Zygmunt Jaffe.

Q Was any surgery performed?

A No, they could find nothing wrong at the hospital itself. They came back and they said that they had a serology which wasn't positive--the doctors said they couldn't find anything wrong, that the serolotive was negative--serology was negative--alright, that they couldn't find any reason right, for my complaints at that particular time.

Q Alright, now what were your complaints?

A The complaints was dizziness, severe pains in the stomach, noise in the ear--

Q They discharged you, is that it, after a complete examination?

A Thats right.

Q Alright, when did you go back the second time?

A No, then the doctor at that time, said that I was able to return to work--August 25th I think, but prior to that time I had gone to another doctor--Dr. Arthur Miller--

Q Now, excuse me sir, you say August, what year are we speaking of? 1968?

A '68 this is '68.

Q Alright.

A Right. I went to another doctor, Dr. Arthur Miller and he suggested treatments or a series of examinations to be done by Metropolitan Hospital, who had the only facilities to do these examinations.

Q When you went to the hospital?

A No, no, let me finish, but the specialist who performed these operations was on vacation at Metropolitan Hospital. The pains became so severe, went to the Veterans Administration who turned me down, at Seventh Avenue, because they said that the hiatus hernia itself would not do it. Then I went back with a letter from Dr. Miller, which said that there was more involved than what showed on the surface and he could not give me the examination. On that basis then, I was referred then to the hospital and admitted to the Veterans Administration Hospital on December 13th of 1968.

Q Did they perform any surgery at that time?

A At the--the time that I entered the hospital in December, and until February, they had no definite diagnosis, they were looking for cancer, that's what they told me. They had an endocrinologist, a doctor--I remember all these terms, but like I say I've had so much dealing with them--a Dr. Drucker from N.Y.U. and he suggested that according to the symptoms that I showed, that there was a cancer possibly present, either in the kidneys, pancreas or other areas. Then they ran a series of tests up until February and then in February they discovered that I had gallstones. They then performed the operation where they removed my gallbladder, they cut the nerves to my stomach, which is a vagotomy, they did a pyloroplasty and a partial--supposedly repair on the hiatus hernia.

Q Now tell me about the two temporary jobs that you had.

A Well, when I came out from the operation, I kept telling the Veterans Administration that I kept having trouble with my stomach and that I was still getting the dizziness and they said it was a condition that you would have to give time because the extensiveness of the operation--so I tried. I went to this Office Temporary and they gave you a simple test alright, which an eighth grader like myself could pass, there was nothing extensive in it. In other words, it was the addition of some simple figures, the subtraction of simple figures, alright, having ability to read comprehensively or--nothing extensive.

On that basis then, I figured I could build up a record by working in offices and then I could present myself and say well, here I've had experience, because prior to this if I went to apply for a job and they'd say to me what did you do all your life, I was a mechanic--well, what are you trying to become-go to work--this happened to me more than once--why do you want a job as a clerk, you're a mechanic, what do you know about clerking?

Q Alright, now you got a job at Tempories, right?

A That's right.

Q How long did you stay in that job?

A Two weeks.

Q Two weeks?

A That was the first time.

Q Was that the understanding when you were hired, that it would be for two weeks?

A No. Office Tempories you work a day if you feel like it, alright? You work a week if you feel like it, if they have a three month job, you can work three months, you can work a half a day, it makes no difference, that's why they call it Office Tempories.

Q Alright, now when you lasted two weeks, why did it last two weeks?

A Because then I could no longer do the job. I started to get the dizziness again, I was dealing with figures as I said, in Sterns, that's where I was working. I was dealing with these cards, I was making mistakes, I had to give it up. I went back to the V.A.

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Q Now, how about the second temporary job?

A Well, that didn't occur until 1970, I think. That was one week. That--less, it was 3 or 4 days, then I gave it up, I couldn't do it.

Q Well, you worked in Sterns from June 1, 1970 to June 12th, is that right?

A Yes, approximately two weeks.

Q Now, you had a job in the summer of 1969 for two weeks?

A What job is that sir? I don't remember a job in 1969.

Q Let me show you exhibit 10 sir, Work Activity Report. (ALJ showing claimant report).

A Well, this is the same job, now wasn't it? Then I have the dates confused.

Q No, turn over the next--the next exhibit you'll see is Sterns.

A Well, that's the same job, that's the same job. You see, Office Extras alright, is when I applied alright, and then they sent me to--when I went to work--and they sent me to work to Sterns. In 6/1/70 and 6/12/70.

Q Alright give it back to me, if that's your answer, sir.

A I don't think it was '69, because in '69 I'm pretty sure I was in the hospital most of the time. As I say, again, I know I worked for Office Extras and they sent me to Sterns, now whether it was '69 or--

Q Alright, now Mr. Bruschi, tell me how you spend a normal day at home.

A A normal day at home?

Q Yes. What do you do around the house all day?

A Well, I get up in the morning, sometimes I eat something, my wife prepares the food, she leaves it there, all I do is warm it up, and then I sit in the chair, read the newspaper for a little while and then I go back to bed. Sleep a couple more hours, then I get up again, warm a little something more up, back in the chair, and that's the extent of it.

Q You don't go out of the house at all sir?

A No, sir.

Q You don't go out of the house, you don't do any shopping or anything, nor chores around the house? Do you have any hobbies?

A No, sir. I had--at one time I had tried to teach myself typing, but then I had to give it up because I couldn't concentrate on it, period. I'd type for 5 or 10 minutes and then my head would get so confused I wouldn't know what to--I gave it up, I finally gave the typewriter to the church.

Q You have no social activities, you don't visit friends or anything?

A I haven't been out of the house since--Christmas was the last time, I went to Church and then I got sick and had to return home. We went to a restaurant after church, I had to leave the meal in the restaurant, take a cab and go directly home.

Q Now sir, will you briefly tell me what your functional complaints are?

A Dizziness, severe dizziness, stomach pains, noise in the head, well--that and the dizziness, blurred vision, which comes and goes.

Q What medication are you taking?

A At the present time, I have valium, which is a tranquilizer, and nitroglycerin.

Q Just those two? When did you last visit a doctor?

A The last time I saw a doctor? When I was in--after I came out of the hospital--I came out of the hospital--the last time I saw Dr. Shubert, I think it was in November or December, I'm not sure--Shiffman--

Q Shiffman?

A That's right.

Q What is your source of income sir?

A I receive $140.00, 100?non-service connected disability from the Veterans Administration, which they based on the ear condition and the arthritis. Plus my wife works.

Q Do you smoke cigarettes sir?

A I gave up smoking because they said that was one of the reasons why I was getting the palpitations, I gave up drinking coffee for the same reason, it didn't help. I never went back to it because there was no reason. Once I'd given it up, I stopped. No reason to go back to it. I had--too--then I had smoked some 40 odd years.

Q How's your appetite sir?

A Very poor.

Q I can't hear you.

A Very poor.

Q Sleeping?

A Very poor.

Q Counselor, are there any questions you wish to put to your client?

A Yes, may I? Thank you.

EXAMINATION BY MR. LEIGHTON:

Q Mr. Bruschi, were you readmitted to the Veterans Hospital after you were there in December of 1968 to March of 1969?

A I was.

Q Approximately-- when?

A In May.

Q Of what year?

A In '68--'69, and I stayed in for--November, I think.

Q And for what condition were you readmitted in May of 1969?

A Well I was readmitted because of the recurrence of the hiatus hernia, alright, and the diagnosis of Meniere's and they performed then the operation to where they removed the glands, the left saliva gland, and when they performed the labyrinthectomy on the left ear. No further surgery was done on the hiatus hernia.

Q And you were released from the hospital approximately November of 1969?

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A That's correct.

Q Was there any improvement in your condition?

A None whatsoever.

Q What were your symptoms? How did you feel?

A Same symptoms. I had trouble eating, trouble with my stomach, the dizziness, same confusion, pressure in the chest, palpitations.

Q Was there any episodes of vomiting?

A Vomiting? No.

Q How about the blur of vision? Did that continue?

A The blurred vision continued.

Q Did you reenter the Veterans Hospital after November of 1969?

A I did.

Q And when was that approximately?

A In '70 I was hospitalized.

Q And what was the condition at that time?

A Again, I was hospitalized I think, in 1970--the chief of general surgery sent me to gastrointestinal laboratory to have me examined to see if there was a hiatus hernia present plus an inflammation, if so, I was to be hospitalized. I was hospitalized. Surgery was supposed to be performed and then they cancelled it. Then I was put back down on the ear, nose, and throat floor because of the continued dizziness. They--all they did down there was put me in bed, give me dramamine shots, gave me a cane and told me, well, it takes time, it will go away eventually.

Q And you were discharged?

A Then I was discharged.

Q Were you tested by any doctors, given what they call audiograms?

A None whatsoever. The only audiograms I ever received was prior to the operation, just two audiograms and that was the extent of it. There was not other examinations whatsoever on the ear, none by the Veterans Administration.

Q How about by any private doctors?

A By private doctors? Yes, I've had speech tests, audio tests, visibular tests.

Q Were you readmitted to the Veterans Hospital or to another hospital for the Meniere's disease?

A I was admitted to--in September of 1971 to Lenox Hill Hospital.

Q For what condition?

A For the Meniere's, tinnitus. Meniere's and tinnitus.

Q And how long approximately were you in Lenox Hill Hospital?

A Ten days, while I was given a treatment which consisted of penicillin. They gave me 62 million units of penicillin. They had to discontinue the treatment because they found 1- that I had a high sugar--level of sugar, 2- that I was developing a reaction to the penicillin.

Q Why was the treatment of penicillin administered for Meniere's condition, if you know?

A Because according to Dr. Brookler (phonetic) and Dr. House (phonetic) in the Otologic Group, which I visited in California, alright, their opinion is that the vertigo that I suffer from, alright, can be cured or has to be treated by an extensive dose--if I remember the dose, according to Dr. Pewlett (phonetic) which is Dr. House's (phonetic)--it's 140 million units of penicillin plus an extended course of cortisone or prednisone, whatever you want. That may take years, they don't know.

Q Would this be because there's a possibility that the Meniere's condition is brought about by a positive luetic or a positive--

A They definitely state that that is the condition brought about by the luetic--is the lues are the question--or lues are the cause of the vertigo and the disease.

Q You mentioned several private doctors, who paid for all of these doctors?

A I paid for everything.

Q And why did you consult so many different medical men?

A Because of the fact that the Veterans Administration kept telling me it would go away, it wouldn't go away, they would not give me a hearing evaluation test, because of the non-service connected, and they said I would get a--should get a hearing evaluation test, then I went to these various specialists.

Q Were you admitted to a hospital for any further surgery to the Meniere's condition?

A I was readmitted in October of 1972.

Q To which hospital, sir? 91

A To Medi--to Blvd. Hospital in Astoria.

Q And was a repeat--

A A labyrinthectomy--a repeat labyrinthectomy was done by Dr. Felix Shiffman.

Q Was there any improvement after the repeat labyrin--

A None whatsoever.

Q And did you have the same symptoms as before?

A I had the same symptoms. Then Doctor Shiffman then recommended that I go and see a neurosurgeon or a neurologist because he found an excessive amount of spinal fluid in the head.

Q And who did he send you to?

A He sent me then--I was hospitalized by Dr. Alan Rothballer in--Dr. Alan Rothballer.

Q That would be at the New York Medical College?

A New York Medical College.

MR. LEIGHTON: That would be Exhibit 24, Judge.

ADMINISTRATIVE LAW JUDGE: Yes.

COUNSELOR RESUMES EXAMINATION OF CLAIMANT:

Q And was any surgery done at this time?

A No, they didn't think that--according to their findings--they didn't have any--any basis--in other words they didn't have enough history on it to perform surgery. However, in my discussion with Dr. Rothballer, he did say that even though the labyrinthectomy had been done, if the balance nerve was diseased because of the old lues--it could still give me

trouble, even though he doesn't state it in the report that I read--when he read it to me he did make the statement to me. But then he--he found then that it was not under his province, that I should consult, or go back to an earman.

Q Were you ever fitted with a hearing aid?

A They can not fit me with a hearing aid for the simple reason that the fluctuation in the right ear is so great that they can not establish a level to where they can give me a hearing aid. Sometimes I can hear a pin drop at 100 feet, sometimes I get stone deaf. It depends on how much pressure I get in the head. Now this--it can happen during the day. I get up in the morning I'm clear headed for about a half hour, and then bang, I get--

Q What happens then?

A I get the--confused you know, I don't hear. In fact, my wife is in the kitchen, she has to come in--she has to scream or--tell her to come back inside and repeat, because I can't hear--so that's the reason--

Q What would be the condition of the hearing in your left ear today? Can you hear anything?

A The condition in the left is alright, but like--its completely dead.

Q And the right ear?

A The right ear, as I say, it fluctuates--it depends on the pressure that I get in the head.

Q Do you have a license to drive a car?

A No, I gave up the license once I found out I was getting dizzy spells--I no longer felt--it was--who needed to drive and endanger myself and somebody else, so I just gave up the license.

Q In the apartment building you live in, what floor do you live on?

A I live on the ground floor.

Q Did you always live on the ground floor?

A No, I didn't. I lived on the fourth floor, but I went through there.

Q Was it an elevated building?

A No, its a walk-up.

Q Why did you move--

A We had to move--we had to move down to the first floor for the simple reason that I couldn't make the steps anymore.

Q When you go to these various doctors, how would you travel, how would you get there?

A Like--

Q Would you go alone or would someone accompany you?

A I've never been able to go alone, I always have my wife with me. Then occasionally I met a friend. Otherwise my wife takes me.

Q Are you able to take care of your own personal needs around the house as far as cleaning yourself, shaving yourself?

A Well, some days--some days I don't shave--sometimes I can't shave for two or three days.

Q Why?

A Because of the dizziness, there's no sense, I can't even--when I apply the razor--because I use an electric razor--when I apply it to the right--to the right side, it knocks me out. I become unconscious--so I stop--I don't shave.

Q Where do you shave, in the bathroom?

A No, I shave sitting down. I have a mirror which I put on the table and then I have a plug, which I plug into--and then I shave. I can't bathe myself alone, I have to have my wife supervise me, because I can't get in the bathtub by myself.

Q Do you ever travel on subway or bus, public transportation?

A Never.

Q You mentioned you have attacks, what are these attacks? What would the symptoms be of these?

A Well, the attacks come and I get the pressure in the head, it becomes severe, I start blacking out, then I get the severe palpitations, and they last sometimes an hour, an hour and a half. I was hospitalized in emergency six or seven times. Twice in Mount Sinai, once--a few times in Pres--at Lenox Hill, once in Metropolitan.

Q For what condition were you hospitalized?

A Well, for these attacks, like I say, the blacking out and whatnot and they--

Q You mentioned that--I'm sorry--

[illegible] any answers--they just--

Q You mentioned before that sometimes after you get up you read the newspaper, do you read books too, at home?

A No, like I say, I read--I used to be able to read quite a bit, but now I read five or ten pages, that's it. I can't--I got to stop--

Q Why?

A As I say, again, the vision gets blurred and--get the clearness in the head and that's--

MR. LEIGHTON: I have no further questions.

ADMINISTRATIVE LAW JUDGE: Do you want a five minute recess before I question the V.E.?

MR. LEIGHTON: Fine, if you want, that's alright with me. Would you like a recess?

CLAIMANT: Oh, fine.

ADMINISTRATIVE LAW JUDGE: Alright, we'll take five minutes.

MR. LEIGHTON: Thank you.

(At this point, there ensued a recess of five minutes.)

ADMINISTRATIVE LAW JUDGE: Dr. Fishman, will you please testify, sir?

DR. FISHMAN: Yes sir.

DR. SIDNEY FISHMAN, Vocational Expert having been first duly sworn, testified as follows:

EXAMINATION BY ADMINISTRATIVE LAW JUDGE:

Q State your name and address for the record, please.

BEST COPY AVAILABLE

A Dr. Sidney Fishman, 200 Cabrini Blvd., New York, N.Y. 10033.

Q Doctor, Exhibit 21 in the record, "Resume of Experience and Background", may I show it to you sir? Is this the Resume of Experience of your Background?

A Yes.

ADMINISTRATIVE LAW JUDGE: You've already examined this counselor, do you wish to see it again?

COUNSELOR: No sir, thank you.

ADMINISTRATIVE LAW JUDGE resumes examination of Vocational Expert:

Q Now, Dr. Fishman as a vocational expert have you counseled and placed individuals as a vocational counselor?

A Yes sir, I have for a number of years.

Q And did this include persons with physical or mental impairments?

A Both sir.

Q And did you receive a letter from a doctor dated April 6, 1973, to which was attached the exhibits in this case?

A That's correct, sir.

Q Marked 1 through 21?

A That's correct, sir.

Q Other than that letter have I either directly or indirectly communicated with you concerning this case Doctor?

A In no way whatsoever.

Q Do you know the claimant, Mr. Bruschi?

Doctor

Q Now, do you understand sir, that although the United States Government pays you a fee for your appearance, you are and must be an impartial witness?

A I understand that quite clearly.

Q Now, so that the claimant may understand the base of your testimony, your opinions expressed here will concern themselves with what work he can do, if anything, when you consider his age, education, and work experience, and his impairments which I shall give you as assumed findings. Now, do you understand sir that the existence or non-existence of any impairments is a medical question, and one which the Judge decides rather than the vocational witness?

A Yes sir, I understand fully.

Q Have you been present in the hearing room throughout the entire proceedings sir?

A Yes sir.

Q And you have examined the additional documents placed in evidence?

A Yes, I've had that opportunity.

Q Now, let me call your attention to the period of which we are concerned Doctor, and that brings us up to the last time that he met the special earnings requirements. And that was in March 31, 1972. Now, bearing his education sir, bearing that in mind, and his work experience as it developed at this hearing, can you identify or described his significant occupational characteristics such as motor coordination, physical strength, or finger dexterity generally present in what he has done in the past?

A Yes sir, I can. 98

Q Would you do so?

A Yes. Well, actually, Mr. Bruschi has--his experience has reflected two major types of work activity. 1- a truck and bus mechanic for some fifteen years, this is a skilled occupation which would be considered to be heavy work in terms of the physical strength required. It also involves a high degree of motor coordination and digital dexterity. It involves at least an average intelligence in order to comprehend the complexities of the equipment that he's using and the ability to utilize the various tools and meters and gauges involved in this type of work. Although this has been the bulk of his experience, he also shows about perhaps a total of one year experience or more in the clerical area as evidenced by work as a mailclerk, dispatcher, and general office clerk. These occupations do not involve the physical skills that we--I referred to previously. They include rather a variety of clerical skills, the most difficult of these jobs would probably be on a semi--skilled level, but do--does imply the ability to read, to analyze figures, to check the accuracy of written materials and to follow instructions. So, I would say that these are the two main lines of--that the claimant's prior experience--suggest--the mechanical skills and the clerical skills.

Q Now, Dr. Fishman, considering the fact that the claimant is 53 years of age, that he has eight years of parochial school education, he has training and work experience as you have described it, now assuming that I find that he's suffering from periodic dizziness, noise in the

head, total loss of hearing in the left ear, and periodic disturbance in the right ear, and he has blurred vision on occasion, can he do his former work? Or is there any work that he can or might perform which exists in significant numbers in this general area or in the several regions of the country?

A Well, I would have to answer two ways, that in the presence of those symptoms, it would be my opinion that he clearly could not engage in any of the mechanical--truck or bus mechanic work that he did previously. However, in order to answer your question regarding his ability to engage in the prior clerical work that he has done, I would have to get more precise information regarding the frequency of these--and the intensity of these--this dizziness, the noise in the head and the other symptoms you mentioned.

Q Well, there's testimony in effect sir, and Counselor, you correct me if I'm wrong, is that they are not constant, they come and go periodically and he hasn't given us any specific time element as to whether he has it twice a week or three times a week.

COUNSELOR: That would be correct.

ADMINISTRATIVE LAW JUDGE: That would be correct?

COUNSELOR: Do we want to ask the claimant at this time—

ADMINISTRATIVE LAW JUDGE: Fine.

RE-EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

Q Now Mr. Bruschi, tell me about the periods of dizziness that you get.

A I don't know whether you understood me, or whether it was understood from the beginning. The periods of dizziness are constant. They do not relent, they only increase in intensity. They do not leave, I am never without the dizziness, they only increase in severity. I thought I made that clear in my original statements. Now whether I didn't state it properly--

Q It doesn't matter, sir, the thing is that we're getting it into the record. Now tell me about the periods of blurred vision.

A Now the periods of blurred vision are the things that vary and I may get an attack once or twice a week or three times a week. The blurred vision but not the dizziness.

ADMINISTRATIVE LAW JUDGE resumes examination of Vocational Expert:

Q Dr. Fishman, is there any other area that you wish me to cover?

A No sir, not in this connection. Well, interpreting your hypothetical question as elaborated upon by the claimant, I would also say that he could not function in any of his prior clerical jobs as well.

Q Now Doctor, is it your testimony sir that if I were to find that he has these complaints that he alleges that he has and that there is no work that this man has the residual capacity to do?

A That would be my meaning sir.

ADMINISTRATIVE LAW JUDGE: Before did you say that there is another medical report that you are going to submit?

COUNSELOR: Yes sir.

ADMINISTRATIVE LAW JUDGE: When do you expect it and from whom?

COUNSELOR: It's from Dr. Shiffman who already has submitted one report today, and it should be in the next week or two.

ADMINISTRATIVE LAW JUDGE: Is there any questions Counselor, that you wish to put to Dr. Shiffman--Fishman, rather?

COUNSELOR: Not at this time.

ADMINISTRATIVE LAW JUDGE resumes examination of Vocational Expert:

Q Dr. Fishman, let me put one more question to you sir, so that I can have a complete background of this case. Assuming that I were to find sir, that the claimant, Mr. Bruschi, based on the medical record, does not have constant dizziness but rather it is episodic, would that change your testimony in any way with respect to his ability to engage in any work sir?

A Yes sir, it would change my response.

Q What would your response be sir?

A Well, my--my response would be that assuming that--that the dizziness occured with reasonable infrequency and meaning perhaps, once or twice a day and did not result in vertigo or complete blacking out, and is of short duration, then it is possible for such an invidual to function in an employment situation, and as I--well--suggested before, in the specific prior jobs which could be considered under those circumstances, would be again out of the general office clerk, the mailclerking and the job which he called a dispatcher, all of which he did previously. There of course, would be other jobs as well but it, of course, would be reasonable to look for employment along the same lines that he has had previous experience.

Q Now Doctor, will you tell me whether or not the jobs that you just described, are they light and sedentary work?

A They would be probably described as--as sedentary--the dispatcher job would probably--would unquestionably be described as light. The distinction only being in terms of the amount of walking that the jobs involve. If the job is overwhelmingly done in a seated position and involves no physical stresses to the point of not carrying weights of beyond 10 lbs., then--that is terms of sedentary job, if the duties are exactly the same but there's a great deal of walking. So, the jobs that I've referred to previously--because he said there was a great deal of walking, would be-'cause they're both--the general office clerk would be sedentary and the dispatcher would be light.

Q Now Doctor, could you tell me the source of your information with respect to the availability--

A Well yes, these jobs are widely--widely occur in our economy and the substantial basis of information regarding this is the Cheyenne Census of population done by the Department of Commerce. The most recent one of 1970 would indicate hundreds of thousands of such jobs in the Metropolitan-New York area. Now this is modified by monthly reports of the Department--The State Department of Labor and Employment Service which indicates a trend that increases and decreases and of course, as we all know, this changes almost on a daily basis, but the general status or number of those jobs has remained relatively constant and there are several hundred thousand in the Metropolitan area at this time.

ADMINISTRATIVE LAW JUDGE: Are there any questions you want to ask him Counselor?

COUNSELOR: Yes, just a few.

EXAMINATION OF VOCATIONAL EXPERT BY COUNSELOR:

Q Dr. Fishman, when the claimant testified and you were present, as to his job in the mailroom, he made reference to making packages in a standing position. Do you feel that the claimant would be able to do this kind of work?

A Well, of course, under what set of assumptions? Based on his testimony?

Q Yes sir.

A No, he could not.

Q The claimant also testified that he cannot travel to and from employment. These jobs that you mentioned of sedentary nature as clericals that are available in our area and our economy at this time, do you feel that the claimant would be able to attend a job with regularity and keep a job where he would have a possible spell once or twice or three times a week?

A Well, I thought I had clarified--obviously if these episodes were of sufficient severity and they occur such that he can't use public transportation then he obviously can't do these jobs. My--that's my answer.

Q Would a bout of blurred vision or an episode of blurred vision two or three times a week interfere with this type of work? Doing this type of work?

A Well, that relates my prior--it relates to the duration and the intensity of the episode that we're referring to.

Q Would a hearing impairment, assuming the claimant's condition to the left ear, a total loss and the partial--and fluctuating in the right, would this interfere with this type of employment in taking instruction, in taking orders from a supervisor?

A Well, it would have a--a slight negative effect but I--I'm basing my judgement on Mr. Bruschi's ability to comprehend what took place here and so forth, and I did not consider that to be a major deterrent to employment. That is the hearing well as per se.

Q But it could be of some--

A Of some consideration, that's correct.

Q Would these jobs entail, in addition to sitting for prolonged periods, standing and some walking?

A Well, they vary--there are some which are--such as filing work, checking clerical figures, which are overwhelmingly in the seated position. I assume just about any job would require the occasional walking around.

COUNSELOR: Wait, let me ask the Judge. Your honor I think--I have no further questions of Dr. Fishman but I think the claimant does and I think he's quite anxious to ask something--would that be alright?

ADMINISTRATIVE LAW JUDGE: Do you wish him to ask the question directly--go ahead Counselor unless you want to discuss it with him first.

COUNSELOR: Thank you Judge.

COUNSELOR RESUMES EXAMINATION OF VOCATIONAL EXPERT:

Q Dr. Fishman, I believe when you started your testimony and the Judge gave you the hypothetical question, the Judge said assume that the claimant is 53 years of age, would that be correct?

A Yes, that's correct.

Q And in your interpretations you've taken that into consideration?

A I have sir.

Q Thank you. One further question, the claimant in question seems to have a spotty record in the clerical field, it was not steady work, I believe you even said adding up to approximately a year. Do you feel this is a strong background in the clerical field or would you classify it as a weak background?

A Well--However, I've observed the claimant's testimony and behavior here and if we may for the moment disregard his impairments, his capacities to do clerical work are clear in my mind, he has the ability to do it.

Q The jobs that are available in the market place today, would necessitate some travel from his home, would that be correct?

A Most likely.

Q And these jobs would start approximately either 8:00 or 9:00 to 4:00 or 5:00, would that be a correct assumption?

A That's quite usual.

Q And this would necessitate traveling in rush hour on other transportation?

A For the overwhelming number, there are probably a small number that permit travel outside of rush hours.

COUNSELOR: I have no further questions Doctor, thank you.

RE-EXAMINATION OF CLAIMANT BY ADMINISTRATION LAW JUDGE:

Q Mr. Bruschi, I'd like to ask you sir, with respect to your constant dizziness, when did that start?

A The constant dizziness?

Q Yes.

A It started getting real severe after the first operation in the V.A.

Q What year was that?

A That was in '69. Prior to that I—gave you testimony I had been able to function. After the operation, the labyrinthectomy done by the V.A., I tried to work as a volunteer at the V.A. to see if I accus--could accustom myself to the work. Now, the question of the ability of being a clerk, I have no doubt in my mind whatsoever, because if it had not been because of this disability, I could have had the job as an administrator with the Veterans Administration, which would pay a lot more than I could possibly hope to collect in any form of compensation.

Q When did you stop using public transportation? 107

A I stopped using public transportation--again, I used to take the bus when--when my wife used to take me to the hospital--the last part of 1970, after that, that was it. The subway--the subway, I had been in the subway, but I wouldn't even take a chance to go in the subway. I'm afraid to go across the street, if I pass--because I've had occasions to where I had an attack. I was holding on to the lamp post, I asked the police--I asked several people to help me--I asked the policeman--I finally had to swear at the policeman to get him to come and then he only came out of--'cause he figured I was a drunk, and then he discovered what was wrong with me, and then he took me to the hospital. So after that then I made no effort to use public transportation or to go out alone.

ADMINISTRATIVE LAW JUDGE: Ordinarily, now Counselor ordinarily where we have the testimony of a Vocational Expert all medical records are made available to him. You're going to submit another medical statement, so that we will not have the benefit of Dr. Fishman's testimony with respect to whatever knowlege that may give us. Do you wish to waive his having to read that and make further comments sir?

COUNSELOR: Yes, I'd waive that.

ADMINISTRATIVE LAW JUDGE: You waive that?

COUNSELOR: I only asked Dr. Shiffman for a more conclusive report with findings and dates of first treatment, dates of hospitalization because he only sent us a very short—

ADMINISTRATIVE LAW JUDGE: I see. Alright Counselor, you know that you have a right under the law on behalf of your client to submit proposed findings of fact and conclusions of law, a brief, or make a closing statement. What is your preference sir?

COUNSELOR: I would like to just make a short closing statement if I could, Your Honor.

ADMINISTRATIVE LAW JUDGE: Please.

CLOSING STATEMENT BY COUNSELOR:

I would just like to say that I've gotten to know the claimant through interviews in the office, telephone calls, reviewing his file. and this is a man who suffered a severe stomach condition, suffered arthritis, and yet not being a malingerer, he went back to work, he tried to work, tried to support his family but found that he was suffering from vertigo, severe tinnitus, and eventually it was diagnosed as a bilateral Meniere's disease. An unsatisfactory labryinthectomy was performed at the V.A. When he had no improvement from his condition, at his own expense and using his savings and his wife's savings, he sought medical help, even went as far as California to a specialist in this particular disease which treatment and diagnosis is difficult. His condition was further complicated by the fact that he had an underlaying lues condition and had to be treated by enormous doses of penicillin and developed a severe reaction to it. The claimant has been hospitalized many, many times, it would be almost futile to obtain all the hospital records, and in addition the emergency room treatment and I just ask that you take this into consideration that this is--well, God forbid--

it's not a leg off or a disc condition, it's a little bit different than the average disability claim.

ADMINISTRATIVE LAW JUDGE: Now, you may have been aware of the fact Counselor, that I stayed away from any testimony with respect to arthritis.

COUNSELOR: Yes, sir.

ADMINISTRATIVE LAW JUDGE: This did not appear in the record. I felt that his major complaint was based on his hearing problem.

COUNSELOR: That would be correct.

ADMINISTRATIVE LAW JUDGE: You don't feel that he's prejudiced by not going forward on the question of arthritis?

COUNSELOR: No, the major claim would be the Meniere's.

ADMINISTRATIVE LAW JUDGE: Alright, I want to thank you for coming in. I will prepare a decision and I will send a copy to your attorney Mr. Bruschi, but I will not do that until I receive a copy of the letter from Dr. Shiffman, and you expect that you'll have that within five days?

COUNSELOR: I hope so, he's supposed to be back and his secretary promised.

ADMINISTRATIVE LAW JUDGE: Alright, then I will keep the record open in that regard for five days. If you have difficulty receiving that letter or getting it to me, please communicate that I might extend your time.

COUNSELOR: Thank you Judge.

ADMINISTRATIVE LAW JUDGE: Thank you both for coming in.

CLAIMANT: Thank you.

(The hearing was closing at 11:20 a.m., on April 24, 1973.)

C E R T I F I C A T I O N

"I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing held in the above case before Administrative Law Judge Edward V. Alfieri.

Transcriber

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

111

Form Approved.
Budget Bureau No. 72-R0530

(Do not write in this space)

NEW YORK N. Y.
SEP 1971
21117
SSA DISTRICT OFFICE

APPLICATION FOR DISABILITY INSURANCE BENEFITS

NOTICE: (a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it was received, is subject, under the Social Security Act, to a fine of not more than $1,000 or 1 year's imprisonment, or both.

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

1. Enter your full name: Alfonso F. Bruschi
   (Check one) ☒ Male ☐ Female
   Enter your Social Security number (If none or unknown so indicate): 115 01 7603

2. Enter your date of birth (Show month, day, and year): 03/23/20
   Enter the name of the State or Foreign Country where you were born: Italy

3. (a) Have you (or has someone on your behalf) ever filed an application for a period of disability or social security benefits before?
   ☐ Yes (If "Yes," answer (b), (c), and (d).) ☒ No (If "No," go on to item 4).
   (b) Kind of claim filed
   (c) Enter name of person on whose earnings record you filed other application(s)
   (d) Enter Social Security Number of person named in (c)

4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.)
   Malignant Disease - Major Stomach operation

5. (a) When did you become unable to work because of your disability? Date (Month, day, and year): 09/xx/68
   (b) Are you still disabled?
   ☒ Yes (If "Yes," go on to item 6.) ☐ No (If "No," answer (c).)
   (c) If you are no longer disabled, enter the date you were again able to work. → Date (Month, day, and year)

6. Check any of the following which apply to you:
   (a) ☐ Confined in a medical institution other than a general hospital
   (b) ☐ Patient in a general hospital
   (c) ☐ Confined in bed at home
   (d) ☐ Confined in a chair (Including wheel chair)
   (e) ☐ None of the above but unable to go outside
   (f) ☒ Able to go outside but only with help of another person or device
   (g) ☐ Able to go outside without help

FORM SSA-16 (1-70)

(Over)

Exhibit 1 (4pp)

112

7. **(a) Have you EVER filed (or do you intend to file) claims for disability benefits under any workmen's compensation law or plan?**

☐ Yes *(If "Yes," answer (b) and (c).)* ☑ No *(If "No," go on to item 8.)*

(b) Has there been any decision or any payment (temporary, permanent, or lump-sum) made on the claim(s) filed?

☐ Yes *(If "Yes," answer (c) and (d).)* ☐ No *(If "No," answer (c).)*

(c) Workmen's compensation claim number(s) .....

(d) Enter the amount of the weekly payment made to you $ _____

(If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" and include the amount of such payment or payments.)

8. **Did you work in the railroad industry any time on or after January 1, 1937?**

☑ Yes ☐ No

9. **(a) Were you in active military or naval service after September 7, 1939?**

☑ Yes *(If "Yes," answer (b) and (c).)* ☐ No *(If "No," go on to item 10.)*

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

Army Air Force Jan 16/42 - Oct 11, 1943

(c) Have you received, or do you expect to receive, a benefit from any other Federal agency?

☒ Yes *(If "Yes," enter the names of all such agencies.)* ☐ No

VA

10.

- Enter the names and addresses of all the persons, companies or government agencies for whom you worked during the last 12 months.
- If you worked in agricultural employment, give this information for this year and last year.

NOTE: If you were not an employee this year or last year, enter the information for your *last* period of employment no matter how long)

- If you have never been an employee, enter "none" below and go on to item 12 regarding self-employment.

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED (*If still working show "Not Ended"*)	
	Month	Year	Month	Year
New Amsterdam Fish Co 480 W 15th St NY NY	06	68	09	68
Collier + McMillan				

(If you need more space, use "Remarks" space on the back page.)

11. **May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim?** ☑ Yes ☐ No

12. **Were you self-employed this year, last year, or the year before?**

☐ Yes *(If "Yes," answer item 13.)* ☑ No *(If "No," go on to item 14.)*

13.

CHECK THE YEAR OR YEARS IN WHICH YOU WERE SELF-EMPLOYED	IN WHAT KIND OF TRADE OR BUSINESS WERE YOU SELF-EMPLOYED?	WERE YOUR NET EARNINGS FROM YOUR TRADE OR BUSINESS $400 OR MORE? (*Check "Yes" or "No"*)
☐ This Year		
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

9. Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time shown in Item 5(a) when you became unable to work because of your disability? ☐ Yes ☑ No

10. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability? ☒ Yes ☐ No

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YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
- You GO TO WORK whether as an employee or a self-employed person.
- You apply for periodic benefits under any workmen's compensation law or plan.
- You are DISCHARGED FROM THE HOSPITAL if you are now hospitalized.

11. Do you agree to notify the Social Security Administration promptly if any of the above events occur? ☑ Yes ☐ No

Remarks: (*This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.*)

IMPORTANT INFORMATION. PLEASE READ CAREFULLY.—A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physican for treatment, such information may be furnished to him.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law. I affirm that the above statements are true.

SIGNATURE OF WITNESSES	SIGNATURE OF APPLICANT
If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.	Signature (*First name, middle initial, last name*) (*Write in ink*)
Signature	SIGN HERE ➧ × Alfonso J Bruschi
Address (*Number and street, City, State, and ZIP Code*)	Mailing address (*Number and street, Apt. No., P.O. Box, or Rural Route*) 335 E 94th St Apt 3
Signature	City and State: NY NY — Zip Code: 10028
Address (*Number and street, City, State, and ZIP Code*)	Date (*Mo., day and year*): 09/07/71 — Telephone number: (212) 876-3858
	Enter name of county (*if any*) in which you now live: Ny.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

115

BUREAU OF
DISABILITY INSURANCE

REFER TO:
115-01-7603

October 26, 1971

Mr Alfonso F Bruschi
335 E 94 St Apt 3
New York NY 10028

Dear Mr. Bruschi:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement of the law. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying your records, including the medical evidence and your statements, and considering your age, education, training, and experience, it has been determined that your condition is not disabling within the meaning of the law.

Your social security record at the time you filed your application shows that you meet the earnings requirement for disability purposes until March 31, 1972. Any additional earnings which may be credited to your record after the time you applied may, of course, extend this date.

If your condition should get worse and prevent you from doing any substantial gainful work, you should write or call at your social security office about filing another disability application. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this letter with you.

Sincerely yours,

F H Sheel

F. H. Sheel
Director, Division of
Initial Claims

Exhibit 2

Enclosure:
SSI-58

SSA-L808 1 F (6-71)

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later meets the earnings requirement if he has social security credits for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement benefits at age 62.

F-6-68

U. S. GOVERNMENT PRINTING OFFICE : 1971 O - 429-029

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0552

REQUEST FOR RECONSIDERATION

117

(Do not write in this space)

NEW YORK, N. Y.

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY CLAIM NUMBER
ALFONSO F. BRUSCHI	115-01-7603

NAME OF CLAIMANT
ALFONSO BRUSCHI

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.)
D.I.B.

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are: Subsequent investigation of my illness by V.A. Regional Office has determined me to be 100% disabled. The medical evidence from the V.A. Regional Office was never requested.

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (*If none, write "None."*):

Specialist - KENNETH H. BROOKLER whose report will corroborate VA Regional findings.
V.A. Regional report

SIGNATURE OF WITNESSES ONLY	SIGNATURE (*Write in Ink—First, Middle Initial, Last Name*)
If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.	Alfonso F. Bruschi
1. NAME	MAILING ADDRESS (*Number and Street, P.O. Box or Route*)
ADDRESS (*Number and Street, City, State and Zip Code*)	335 E 94 #3
2. NAME	CITY AND STATE: NY NY — ZIP CODE: 10028
ADDRESS (*Number and Street, City, State and Zip Code*)	DATE (*Month, Day, and Year*): 1/7/72 — TELEPHONE NUMBER: 876-3598

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER	INTERMEDIARY NAME AND NUMBER	SOCIAL SECURITY OFFICE ADDRESS
		Exhibit 3

ROUTING INSTRUCTIONS (Check one)

- ☐ State Agency (*Route with disability folder*)
- ☐ Payment Center _____ BDI, Balto. ☐
- ☐ BHI, LO _____
- ☐ BHI, Attn: DRB, Balto.
- ☐ Division of Foreign Claims, Balto.
- ☐ BDPA, Attn. CV/AB, Balto.
- ☐ Intermediary

FORM SSA-561 (8-68)

NOTE: Take or mail completed copies to your Social Security Office.

Exhibit No. 3

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

118

BUREAU OF
DISABILITY INSURANCE

REFER TO:
DI:R:2E
115-01-7603

APR 18 1972

NOTICE OF RECONSIDERATION DETERMINATION

Mr. Alfonso F. Bruschi
Apartment 3
335 East 9[illegible]th Street
New York, New York 10028

Dear Mr. Bruschi:

In view of your request for reconsideration, all the information about your claim has been carefully evaluated. It has been determined that the previous decision was proper under the law.

In applying for disability insurance benefits, you stated that you became unable to work in September 1968, at age 48, because of several impairments, including Meniere's disease, a stomach operation, and loss of hearing. You indicated that you have completed 8 years of education, and have worked as a mechanic and office clerk. Since your earnings record shows that you last met the earnings requirement of the law for disability purposes on March 31, 1972, the medical evidence must establish that your impairments prevented your engaging in substantial gainful activity on or before that date.

Medical evidence in your case includes hospital records, reports from your treating physicians, and the results of a special examination arranged for you. Although these show that you have Meniere's disease, and that you may become dizzy at times, this does not seriously interfere with your ability to sit, stand, walk, or move about without undue difficulty. Records disclose that you had a stomach operation in the past. It is indicated, however, that this was successful, and you recovered without significant complications. There is no evidence of serious loss of weight, malnutrition, or reduction of physical endurance as a result of this condition. While you have lost the hearing in your left ear, findings reveal that your right ear functions adequately, and your ability to hear with that ear is satisfactory for most ordinary purposes. No other condition is noted which severely restricts your ability to perform most normal physical activity.

Since the medical evidence does not show that your impairments were of such severity as to have prevented your performing all work for which you were vocationally qualified on or before March 31, 1972, the denial of your application for disability insurance benefits is affirmed on reconsideration.

WBrowne:gswerdloff: 4/15/72

BEST COPY AVAILABLE

Exhibit 4 (3 pp)

The finding of the Veterans Administration in your case was carefully considered by us along with the rest of the evidence in your file. The Veterans Administration has several disability programs under different laws, and the eligibility requirements differ in each instance. Although similar, the eligibility requirements under the disability programs administered by the Veterans Administration and by the Social Security Administration are not the same. Thus, a person who meets the requirements under a Veterans Administration program does not necessarily qualify under the disability provisions of the Social Security Act. Under our program we must determine whether the requirements contained in the Social Security Act are met.

If you believe that the reconsideration determination is not correct, you may request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You should make your request through any social security office. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

Robert J. Duvall
Director, Division of Reconsideration

Enclosures (2)

ADDITIONAL INFORMATION ABOUT
YOUR RECONSIDERATION DECISION

120

Who reviewed your claim

Your claim was thoroughly re-evaluated by a physician and a disability examiner in your State agency which works with us in making disability determinations. This new evaluation was then independently reviewed in the Social Security Administration.

What is the disability requirement

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training and work experience.

Findings of other government and private agencies regarding disability as well as the conclusions of attending physicians are carefully considered in reaching a determination as to whether or not a person is disabled for social security purposes. To be eligible under social security, however, the disability requirements specified in the Social Security law must be met.

What are your further rights

If you disagree with this reconsideration decision, you may request a hearing as explained in this letter. (This is not a decision as to whether benefits will be payable to you at retirement age.)

If you have questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

SSA-1999 (10-70)

Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

R. R. B.

U. S. SOCIAL SECURITY ACT

APPLICATION FOR ACCOUNT NUMBER 055-01-7603

PRINT NAME

Alphonso (EMPLOYEE'S FIRST NAME) Frank (MIDDLE NAME) Brushhi (LAST NAME)

(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)

480 Warren St. (STREET AND NUMBER) 3. Kings County (POST OFFICE) Brklyn N. Y. (STATE)

E. J. Schwabe Mfg. Co. (BUSINESS NAME OF PRESENT EMPLOYER) 5. 342 W. 14th St., N. Y. C. (BUSINESS ADDRESS OF PRESENT EMPLOYER)

19 (AGE AT LAST BIRTHDAY) 7. April 4, 1917 (DATE OF BIRTH: (MONTH) (DAY) (YEAR)) (SUBJECT TO LATER VERIFICATION) 8. Genoa, Italy (PLACE OF BIRTH)

John Batista Bruschi (FATHER'S FULL NAME) 10. Benedetta D'Agnolo (MOTHER'S FULL MAIDEN NAME)

SEX: MALE X FEMALE (CHECK (✓) WHICH) 12. COLOR: WHITE X NEGRO (CHECK (✓) WHICH) OTHER (SPECIFY)

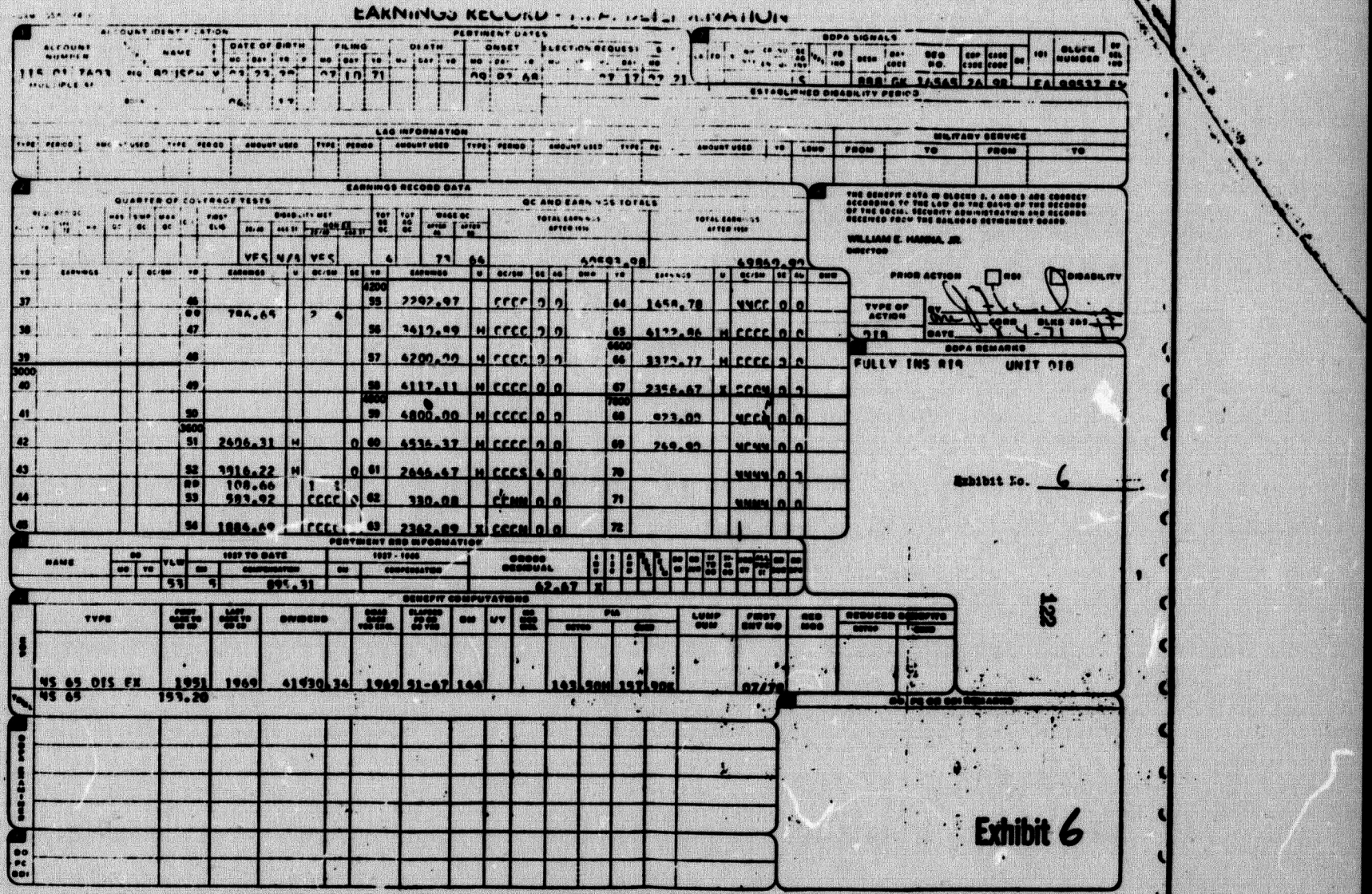
IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD

IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE E. J. Schwabe Mfg. Co. (PLACE) ~~Feb. 12, 1937~~ (DATE)

March 29, 1937 (DATE SIGNED) 16. Alphonso Brushi (EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

DETACH ALONG THIS LINE

Exhibit 5



EARNINGS RECORD - [illegible] INFORMATION

ACCOUNT IDENTIFICATION

PERTINENT DATES

SSPA SIGNALS

ESTABLISHED DISABILITY PERIOD

LAG INFORMATION

MILITARY SERVICE

EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS

QC AND EARNINGS TOTALS

THE BENEFIT DATA IN BLOCKS 2, 4 AND 5 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

WILLIAM E. HARRIS, JR.
DIRECTOR

PRIOR ACTION ☐ RSI ☐ DISABILITY

TYPE OF ACTION 018

SSPA REMARKS

FULLY INS 819 UNIT 018

TO	EARNINGS	U	QC/SSM	TO	EARNINGS	U	QC/SSM	QC	TO	EARNINGS	U	QC/SSM	QC	AC	SSM	TO	EARNINGS	U	QC/SSM	QC	AC	SSM
37				46					4200 55	2292.97		CCCC	0	0		64	1458.78		WCCC	0	0	
38				47	784.69		P	4	56	3413.99	H	CCCC	0	0		65	4122.96	H	CCCC	0	0	
39				48					57	4200.00	H	CCCC	0	0		6600 66	3372.77	H	CCCC	0	0	
3000 40				49					58	4117.11	H	CCCC	0	0		67	2356.67	H	CCCW	0	0	
41				50					4800 59	4800.00	H	CCCC	0	0		7800 68	923.00		WCCW	0	0	
42				3600 51	2406.31	H		0	60	4536.37	H	CCCC	0	0		69	249.90		WCWW	0	0	
43				52	3916.22	H		0	61	2666.67	H	CCCS	4	0		70			WWWW	0	0	
44				53	108.66		I	I								71						
					599.92		CCCC	0	62	330.08		CCWW	0	0					WWWW	0	0	
45				54	1884.69		CCCC		63	2362.89	H	CCCW	0	0		72						

PERTINENT RRB INFORMATION

NAME	RR		YLW	1937 TO DATE		1937 - 1946		RRB88 OCCUPATIONAL														
	QC	YD		QC	COMPENSATION	QC	COMPENSATION															
				53	895.31			62.67	R													

BENEFIT COMPUTATIONS

	TYPE	FIRST QUARTER OF ENT	LAST QUARTER OF ENT	DIVIDEND	WAGE CLASS YRS COVG	ELAPSED YRS OF ENT	QC	UV	QC AFTER 1950	PIA ENTRD	PIA CODE	LUMP SUM	FIRST DAY CVG	RRB RMRK	REDUCED AMOUNTS ENTRD	REDUCED AMOUNTS CODE
SSA	45 65 DIS EX	1951	1969	41930.36	1969	51-67	166			103.90M	197.90E		07/70			
RRB	45 65	159.20														
SSA CREDITED																
RRB CREDITED																
QC PC QDC																

QC YR QC QDC RECORDED

Exhibit No. 6

12

Exhibit 6

REPORT OF DISABILITY INTERVIEW
(Write Legibly)

Budget Bureau No. 58-R0046

Protest No. 1 | DATE 8/10/71

CONTACT MADE: [X] IN PERSON [ ] TELEPHONE

PLACE OF CONTACT: [X] DO [ ] CS [ ] HOME [ ] OTHER 123

ACCOUNT NUMBER: 115-01-7603

CLAIMANT'S NAME: Alfonso F. Bruschi

WAGE EARNER'S NAME (If not the claimant):

PERSON(S) CONTACTED: [X] CLAIMANT [ ] OTHER (If other, show name, address and relationship to a claimant.)

NATURE OF INJURY OR ILLNESS: Mining Injuries

CURRENT AGE: 31 | HIGHEST GRADE COMPLETED: 8th | OTHER TRAINING: None

JOB TITLE (Principal occupation): Mechanic (Heavy duty)

TYPE OF BUSINESS OR INDUSTRY: Trucking & Buses

INTERVIEWER'S SIGNATURE: Ed Bess | [X] DR [ ] FR [ ] OTHER

I. ONSET OF IMPAIRMENT

a. DATE INJURY OR ILLNESS FIRST BOTHERED CLAIMANT: 1963

b. DATE CLAIMANT STOPPED WORKING: 09/xx/68

c. AOD: 09/xx/68

Describe effect of impairment on work when condition first bothered claimant. (Symptoms, Job duties, Working conditions, Attendance)

Claimant was first bothered with ailment sometime in 1963. Claimant got dizzy spells. Claiment's condition caused him to give up driving buses. He also lost days from work. How many not known. Sometimes would have to leave work - sometimes lost as much as a month's work.

Describe significant changes (with dates) until work stopped. (Symptoms, Job duties, Working conditions, Attendance)

Claimant worked as a heavy duty mechanic - making repairs on and servicing trucks and buses.

Illness became gradually worse. No significant changes before last.

Give claimant's reasons for stopping work.

Claimant left work because he could no longer do the work because of his condition.

Explain if more than one claimant applied for work.

Has claimant changed jobs since the alleged onset date? (If "Yes," complete Form OA-B621.) [X] YES [ ] NO

If any apply, the decision will most likely go in the claimant's favor at the ALJ level.

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked, Do Not Complete pages 2, 3, or 4.)

- [ ] Is engaging in SGA
- [ ] Alleges progressive cancer
- [ ] Has lost a leg because of diabetes or Buerger's disease
- [ ] Is hospitalized for a condition related to the alleged disability
- [ ] Is unable to speak, or to see, or to hear
- [ ] Has lost use of a leg because of a [illegible] condition
- [ ] Loss of use of at least two limbs

Exhibit 7 (1/pg)

FORM SSA-831 (10-67) (If Additional Space Is Needed, Use Form OAC-5002.)

Left leg was crushed off in 1963. Has a 40% loss of hearing in right ear

If yes, describe all changes in condition (with dates) since work stopped.

IV. EFFECTS OF CURRENT CONDITION

Has hearing in left ear - 65% hearing in right ear - Is constantly dizzy. Uses a cane to help him walk. Gets pains in stomach due to stomach operation - Has difficulty walking because of dizzy spells - Feels like he's going to fall

Is taking Dramamine - No special diet or therapy.

Describe current condition
- Symptoms - Type, frequency, severity
- Normal Activity limitations
- Other limitations

Physician placed limitations
- Bed rest
- Special therapy
- Diet
- Restricted activity
- Etc.

V. DAILY ACTIVITIES

Practices on typewriter - practice for about 1/2 hour or one hour and stops to rest - Studies book on stenography (legal) - Studies Hungarian - Reads - Sleeps - Fresno visiting - Needs no assistance in caring for personal needs - Lives w/ wife in a four room apt on the ground flor.

Describe activities of a typical day
- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs.

Describe current living arrangements.

CHECK ANY OF THE FOLLOWING THAT APPLY *(If any of the items are checked—Complete Observations (Section VII) and Omit Sections V and VI Only)*

- ☐ Is house confined because of a physical impairment
- ☐ Is bed confined because of a physical impairment
- ☐ Has lost use of 2 limbs, or severe speech or memory defect
- ☐ Parkinson's disease with marked tremors or propulsive gait.
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations (describe under Observations, Section VII)

If any apply, a description of the impairment and observations are needed to supplement the medical report.

List all jobs held in 15 years before onset
- Job title
- Approximate dates worked

List all job titles and dates worked since claimant began working where claimant
- is age 55 or older, and
- Has 6th grade education or less, and
- Performed only unskilled, or no skills

1953 - 1968 Heavy duty mechanic

Did claimant's last job before onset involve an occupation different from the principal job? (If "Yes," describe on Section VI of a separate SSA-401.) ☐ Yes ☒ No

VI. PRINCIPAL JOB (Vocational Description)

A. JOB IDENTIFICATION	APPROXIMATE DATES WORKED	HRS./DAY	DAYS/WEEK	RATE OF PAY OR AVERAGE EARNINGS
	1953 - 1968	Varied	5	$ 114 PER wk

B. PHYSICAL DEMANDS

Describe each "Yes" item in terms of:
- Weight
- Distance
- Time
- Frequency
- Etc.

1. Lifting ☒ YES ☐ NO How much in lbs.? ____ How often? ____ How High? ____
   Claimant's lifting was varied same is true for
2. Carrying ☒ YES ☐ NO How much in lbs.? ____ How often? ____ How far? ____
   carrying + pushing + pulling
3. Pushing/pulling ☒ YES ☐ NO How much in lbs.? ____ How often? ____ How far? ____
4. Standing ☒ YES ☐ NO How much time/day? about 2/3
5. Walking ☒ YES ☐ NO How much time/day? about 30%
6. Sitting ☒ YES ☐ NO How much time/day? about 10%
7. Climbing ☐ YES ☒ NO How high? ____ How often? ____
8. Stooping, bending and/or kneeling ☒ YES ☐ NO How often and/or how long? about 2/3

Use space for narrative description of physical demands where:
- Items above are not appropriate
- Supplemental description of item(s) would be helpful (e.g., human or machine assistance required to move heavy weights.)

9. Describe arm and hand manipulation in terms of (1) degree of coordination needed, (2) whether movements are gross or fine, (3) how often, and (4) how long.

Both gross + fine movements -
High degree of coordination.

10. Driving ☒ YES ☐ NO How often and/or how long? [illegible]

(Withdrawn by claimant's attorney, see file DAC-568)

VI. JOB (Vocational Description) — continued

186

C. WORKING CONDITIONS

☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pace/Rate ☐ Dangerous ☐ Other

☐ No adverse working conditions

Describe each item checked except "No adverse working conditions"

D. JOB DUTIES

Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received.

Claimant worked with many different co's as heavy duty mechanics. Served as Sergeant driver truck. Sometimes had to drive bus or truck was located very little supervision

1. Training—other than on-the-job received ☐ Yes ☒ No
2. Special qualifications or skills required ☐ Yes ☒ No
3. Supervision of others required ☐ Yes ☒ No

E. REQUIRED SKILLS

Describe all "Yes" answers fully.

VII. OBSERVATIONS

Sight	☐ Yes	☒ No	Hearing	☒ Yes	☐ No	Comprehending	☐ Yes ☒ No
Reading	☐ Yes	☒ No	Use of hands and arms	☐ Yes	☒ No	Breathing	☐ Yes ☒ No
Responding	☐ Yes	☒ No	Writing	☐ Yes	☒ No	Sitting	☐ Yes ☒ No
			Speaking	☐ Yes	☒ No	Walking	☒ Yes ☐ No
						Other	☐ Yes ☒ No

Check each item to the left to indicate whether or not any difficulty was observed.

Claimant was neatly dressed and groomed. Very cooperative and alert. Had some trouble hearing, I had to repeat questions several times. Claimant came to office alone. Came by cab.

W/E walked with a weaving, staggering gait although he was intoxicated, but he was not intoxicated.

Describe fully
- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- ALL ITEMS CHECKED "YES"

Alonzo L. Bruschi	127	115-01 76 03
51	8	none

Meniere's Syndrome + Complications

1961

9/68

He had been experiencing pains + dizziness since 1961. However by Sept 1967 pains became exploding sharp pains which had increased in intensity + duration. By Sept 68 pains lasted 24 hrs as opposed to 1-2 days per week. Pains accompanied by palpatations, last 1 hr. or so off all during the day - non stop dizzi. He had medicine but it didn't help. Finally he was unable to work. He had operation in 1969 however

☑ Yes ☐ No

☐ Yes ☑ No
☐ Yes ☑ No
☐ Yes ☑ No

Exhibit 8 (6 pp)

[redacted]

202 249 7444

950 Park Ave
NY NY 10021

128

[redacted] 3 mos. 1970 12/71

diabetes + general debilitation

Aprinase (pills

☑ Yes ☐ No

Kenneth Crosbie

212 861-6423

SPECIALIST
47 E 77
NY 10021

Semi annually 5/1971 10/71

diagnosis

Prostaloid - Anti-vertical pills. adrenomine pills

☑ Yes ☐ No

LENOX HILL

Unknown

77th St + PARK (100 E 77th)
NY NY

☑ Yes ☐ No 9/15/71 9/25/71

☐ Yes ☐ No

Tensopitis

medication for diagnosis

☑ Yes ☐ No

V.A. 21st St

C3-388-146/1204 2621

1st Ave + 24th St.
NY NY

12/68 - 3/69 etc. dates unk.

Colostomy

CONT

☐ Yes ☑ No

129

☑ Yes ☐ No

Personal needs limited - needs supervision because [illegible] loses balance & will fall, cannot stand at any length to wash clothes or cook. Has no usual activities because dizziness precludes walking more than 10 steps. Canes would be of no help. He needs another person to accompany her. He lives with wife on ground floor.

Mechanic	transportation	Pre 31 56	61	5	2.14 hr
mechanic	various industries	61	67	5	3.14 hr
clerk	office	67	68	5	920 wk

Mechanic

Representative maintenance work on machines - examine vehicle, diagnose problem, take apart mechanism, cuts & welding, attaching mechanisms. Also supervised & instructed apprentices & helpers. Required stooping, bending, lifting, driving & testing vehicle.

130

[redacted] ☑ Yes ☐ No
☑ Yes ☐ No
☑ Yes ☐ No

drills, lathes, welding machines, screwdrivers etc. special skills + mechanical diagnosis + application of correct procedure
see (1B)

[redacted] day
WALKING 0 1 (2) 3 4 5 6 7 8
2. STANDING 0 1 2 3 4 (5) 6 7 8
3. SITTING 0 (1) 2 3 4 5 6 7 8

[redacted] lifting wheels, bolts, drills etc. all day weights from 6oz to 150 lbs. + carrying for 2ft - 15ft.

[redacted] His illness not only prevent him from performing duties as mechanic, but also in any other field because the dizziness is constant. There is no job he could perform while unable to maintain his balance. Medicine does not correct inability to balance himself

the ear operation left him completely deaf in left ear, vagotomy was supposed to control flow of acid however he still has intermittent 2-3x per week, meniere's syndrome has gotten progressively worse because he is unable to function at all. Diabetes + Pancreatitis developed since then. Also has arthritis of lumbar sacral region which prevents bending.

He tried to return to work in Summer of 1970 as a clerk. However, he had to stop after 2 weeks because he was unable to control balance - travel was impossible + sitting was impossible.

IV D CONT.

REGIONAL V.A. OFFICE 252 7th Ave. NYNY reexamined entire VA hosp file in late 1970 + reached determination of 100% disability non-service connected / VA FILE 6 . . NL MILIN . . . FILE

[illegible] that [illegible] a false statement or representation of a material fact in [illegible] determining right to payment under the Social Security Act commits a crime punishable under Federal Law. I certify [illegible]

(SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF)

SIGN HERE ▶ Alfonso F. Bruschi

DATE 1/7/72

cut along ...

Form Approved.
Budget Bureau No. 72-R0662

RAILROAD EMPLOYMENT QUESTIONNAIRE

133

NAME OF PERSON ON WHOSE RECORD SOCIAL SECURITY BENEFITS ARE CLAIMED: Alfonso F. Bruschi

SOCIAL SECURITY NUMBER: 115-01-7603

A: To be completed whenever the deceased worked in the railroad industry on or after January 1, 1937.

(1) HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY AFTER 1936?

(2) HOW MANY MONTHS DID THE DECEASED WORK IN THE RAILROAD INDUSTRY BEFORE 1937? *(If none, enter "NONE.")*

(3) DID THE DECEASED WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? ☐ YES ☐ NO *(If "yes," also complete C below)*

(4) IF THE DECEASED'S RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, HAD THE DECEASED EVER FILED A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? ☐ YES ☐ NO

IF "yes", ENTER HIS R. R. B. CLAIM NUMBER HERE:

(5) HAS ANY SURVIVOR OF THE DECEASED EVER RECEIVED A LUMP-SUM OR RESIDUAL PAYMENT OR A SURVIVOR'S MONTHLY ANNUITY FROM THE RAILROAD RETIREMENT BOARD? ☐ YES ☐ NO *(If "yes," also complete D below)*

(6) IF THE DECEASED EVER FILED AN APPLICATION FOR SOCIAL SECURITY BENEFITS, DID HE WORK IN THE RAILROAD INDUSTRY AT ANY TIME AFTER HE FILED FOR SOCIAL SECURITY BENEFITS? ☐ YES ☐ NO *(If "yes," also complete C below)*

B: To be completed whenever a claim for Social Security benefits is filed and the claimant or claimant's spouse worked in the railroad industry on or after January 1, 1937.

(1) NAME OF PERSON HAVING RAILROAD EMPLOYMENT: Alfonso F. Bruschi

SOCIAL SECURITY NUMBER: 115-01-7603

(2) HOW MANY MONTHS DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY AFTER 1936? 6 mos

(3) HOW MANY MONTHS DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY BEFORE 1937? *(If none, enter "NONE.")* None

(4) DID THE PERSON NAMED IN B(1) ABOVE WORK IN THE RAILROAD INDUSTRY DURING THE LAST 18 MONTHS? ☐ YES ☒ NO *(If "yes," also complete C below)*

(5) IF THE RAILROAD SERVICE TOTALS AT LEAST 120 MONTHS, DID THE PERSON NAMED ABOVE EVER FILE A CLAIM FOR A DISABILITY OR RETIREMENT ANNUITY WITH THE RAILROAD RETIREMENT BOARD? ☐ YES ☐ NO

IF "YES," ENTER THE R. R. B. CLAIM NUMBER HERE:

(6) DID THE PERSON NAMED IN B(1) ABOVE RECEIVE ANY RAILROAD SICKNESS BENEFITS OR ANY RAILROAD UNEMPLOYMENT BENEFITS DURING THE LAST 18 MONTHS? ☐ YES ☒ NO

C: To be completed if item A(3) or A(6) or B(4) is checked "Yes".

NAME OF RAILROAD EMPLOYER

FROM

TO

WORK LOCATION

DEPARTMENT AND OCCUPATION

D: To be completed when the claimant for Social Security benefits has received a lump-sum from the R.R.B. or has received or is receiving a monthly R.R.B. annuity based on another individual's railroad employment.

(1) NAME OF SOCIAL SECURITY CLAIMANT - R.R.B. ANNUITANT

(2) R.R.B. CLAIM NUMBER

(3) NAME AND SOCIAL SECURITY NUMBER OF RAILROAD EMPLOYEE ON WHOSE RECORD THE R.R.B. CLAIM WAS FILED:

NAME

SOCIAL SECURITY NUMBER

(4) RELATIONSHIP OF SOCIAL SECURITY CLAIMANT TO RAILROAD EMPLOYEE *(wife, widow, parent, child, etc.)*

(5) TYPE OF RRB BENEFIT *(monthly, lump-sum, or residual)*

(6) HAS THE RAILROAD RETIREMENT BOARD NOTIFIED THE ABOVE SOCIAL SECURITY CLAIMANT - R.R.B. ANNUITANT THAT THE AMOUNT OF HIS OR HER R.R.B. ANNUITY MAY BE AFFECTED BY ENTITLEMENT TO SOCIAL SECURITY BENEFITS? ☐ YES ☐ NO

REMARKS:

Exhibit 4

FORM SSA-671 (1-65)

☐ SEE REVERSE FOR ADDITIONAL REMARKS

Form Approved:
Budget Bureau No. 72-R0639

WORK ACTIVITY REPORT

Complete for all initial cases with work activity after onset, and in continuing disability cases with work activity. (See CM 6400ff, 5185ff)

SOCIAL SECURITY NUMBER: 115-01-7603 **134** | DATE: 09/07/71

OFFICE: Uptown DO

WAGE EARNER'S NAME: Alfonso F. Bruschi

NAME AND SOCIAL SECURITY NUMBER OF DISABLED PERSON (If other than W/E's)

PERSON CONTACTED: [X] CLAIMANT [ ] OTHER (If other, show name, address and relationship to claimant)

INTERVIEWER'S SIGNATURE: [X] TER [ ] FR [ ] OTHER (Specify) Ella Bess

PART I – WORK AS AN EMPLOYEE

	DATES WORKED STARTED (month, day, year)	DATES WORKED ENDED (month, day, year)	AVERAGE HOURS PER DAY	AVERAGE DAYS PER WEEK
A. WORK ATTENDANCE	Summer	1969 / Two weeks	—	
	/ /	/ /		
	/ /	/ /		

B. EARNINGS

		PER HOUR	PER DAY	PER MONTH		PER HOUR	PER DAY	PER MONTH
	STARTING WAGES	$1.15			ENDING WAGES	$2.15		
	STARTING WAGES				ENDING WAGES			
	STARTING WAGES				ENDING WAGES			

TIPS

"IN KIND" (explain)

OTHER (explain)

C. EMPLOYER — NAME, ADDRESS, PHONE NUMBER OF EMPLOYER: OFFICE Extras 110 5th Ave NYC 10011

D. HOW JOB WAS OBTAINED: Applied to office for work

E. WORK STOPPAGE — CLAIMANT STOPPED WORKING [X] YES [ ] NO (If "Yes," give date and explain reason for work stoppage)

CHECK IF ONE OF THE FOLLOWING APPLIES (If one of the items is checked, do not complete the remainder of Part I)

1. [X] Claimant worked 3 months or less and stopped working because of impairment, or removal of special conditions.
2. [ ] Claimant's earnings as an employee do not exceed $90 per month.
3. [ ] Claimant works in sheltered employment (e.g., sheltered workshop, VA domiciliary) and his earnings do not exceed $140 per month.
4. [ ] Claimant's earnings as an employee exceed $200 per month and there is no evidence of "substantial" subsidy.
5. [ ] In initial case, claimant returned to a job that is described in Section VI (Principal Job) on SSA-401 and there is no change in duties, or special conditions.

Exhibit 10

FORM SSA-821 (2-70)

Form Approved:
Budget Bureau No. 72-R0629

WORK ACTIVITY REPORT

Complete for all initial cases with work activity after onset, and in continuing disability cases with work activity. (See CM 6400ff, 5185ff)

SOCIAL SECURITY NUMBER: 115-01 7603 | DATE: 1/4/71

OFFICE: Upton 135

WAGE EARNER'S NAME: Alfonso F. Bruschi

NAME AND SOCIAL SECURITY NUMBER OF DISABLED PERSON (If other than W/E's)

PERSON CONTACTED: ☒ CLAIMANT ☐ OTHER (If other, show name, address and relationship to claimant)

INTERVIEWER'S SIGNATURE: ☒ CR ☐ FR ☐ OTHER (Specify) J C Hubbard

PART I – WORK AS AN EMPLOYEE

A. WORK ATTENDANCE

DATES WORKED STARTED (month, day, year)	DATES WORKED ENDED (month, day, year)	AVERAGE HOURS PER DAY	AVERAGE DAYS PER WEEK
app. 6/1/70	6/12/70	7	5
/ /	/ /		
/ /	/ /		

B. EARNINGS

	STARTING WAGES	PER HOUR	PER DAY	PER MONTH	ENDING WAGES	PER HOUR	PER DAY	PER MONTH
		2.50				2.50		
	STARTING WAGES				ENDING WAGES			
	STARTING WAGES				ENDING WAGES			

TIPS: none

"IN KIND" (explain): none

OTHER (explain): none

C. EMPLOYER

NAME, ADDRESS, PHONE NUMBER OF EMPLOYER: Office Extras 42nd St (office temps) Short Term Emp.

D. HOW JOB WAS OBTAINED

Sent by agency

E. WORK STOPPAGE

CLAIMANT STOPPED WORKING ☐ YES ☐ NO (If "Yes," give date and explain reason for work stoppage)

CHECK IF ONE OF THE FOLLOWING APPLIES (If one of the items is checked, do not complete the remainder of Part I)

1. ☐ Claimant worked 3 months or less and stopped working because of impairment, or removal of special conditions.
2. ☑ Claimant's earnings as an employee do not exceed $90 per month.
3. ☐ Claimant works in sheltered employment (e.g., sheltered workshop, VA domiciliary) and his earnings do not exceed $140 per month.
4. ☐ Claimant's earnings as an employee exceed $200 per month and there is no evidence of "substantial" subsidy.
5. ☐ In initial case, claimant returned to a job that is described in Section VI (Usual Job) of SSA-401 and there is no change in duties, or special conditions.

Exhibit 11

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: SSI ☐ SA ☒ FMC ☐
2. DATE ASPD: 07/07/71
3. W/E (If Auxiliary Filing): OASI W/E ☐ DIB W/E ☐
4. SOCIAL SECURITY ACCOUNT NUMBER: 115-01-7603 136
5. NAME AND ADDRESS OF CLAIMANT: Alfonso F Bruschs, 335 E 9½ St Apt 3, New York NY 10021
6. DB: 03/23/20
7. SEX: M ☒ F ☐
8. RACE: W X I ☐ O ☐
9. AOD: 09/xx/68
10. AT AGE: 48
11. CLAIM FOR: FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐
12. FAMILY STATUS: MAR. ☒ SG. ☐ NO. CHILDREN (UNDER 18): 0
13. QC REQ.: LAST MER. 03/31/72 SL
14. ☐ W/E DOES NOT MEET QC REQ. A. ☐ DIB, BOI REVIEW B. ☐ SINCE LAST DET.
15. PREV. DENIED OR TERM. ☐
16. HOSP-MED. REV. IN PROGRESS: SD ☒
17. MED. DEV. DEP. ☐
18. S A CODE: 330
19. STATE: New York
20. DISTRICT OFFICE ADDRESS: 230 W 125 St, New York NY 10027
DO CODE: 117
RO CODE: 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21. CLAIMS REPRESENTATIVE: [signature]
22. DATE OF TRANSMITTAL: 09/08/71

23. REMARKS: TEL: 876-3898 ST SEP 13 MY 3 ..!
PRESCRIBED PERIOD: All d/d Development completed

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE
25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO
26. ☐ WAS NOT UNDER A DISAB. ON OR BEFORE (Date)
29. DIAGNOSIS: Meniere's Syndrome
27. ☒ WAS NOT UNDER A DISAB.
28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE
30. MOB CODE: F

31. VOCATIONAL BACKGROUND (Occupation): Mechanic carrying walking Pushing
OCC. YEARS: 15
EDUC. YEARS: 8

32. BASIS FOR DETERMINATION: (502 (B)

☒ CONTINUED ON ATTACHED SHEET (Use OA-0834)

33. REVIEWED RE-EXAM DB (Date)
34. DISABILITY EXAMINER S/A: Mildred Hochbaum
35. DATE: 9/21/71
36. REVIEWING PHYSICIAN SIGNATURE: [signature]
37. DATE: 9-22-71

TO BE COMPLETED BY SSA

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.
39. ☒ W/E MEETS QC REQ. IN 4/68 QTR. ☐ W/E DOES NOT MEET QC REQ. HAS ___ OF ___ QTRS. FOR AOD ENDING ___
40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM ___ TO ___ ☒ NOT ESTABLISHED

41. REMARKS: See Revised determination dated 1/13/72
Exhibit 12 (appl

42. RE-EXAM REQ.
43. DISABILITY EXAMINER
44. DATE
45. DISABILITY EXAMINER: Freda Eng Exp
46. DATE: 10/26/71

CLAIMANT TO BE NOTIFIED BY:

47. DIST. MED. REVIEW MD: DET ☐ PC ☐ 903.1 F(3|31|72)
49. PRT'R ACE: PD ☐ PT ☐ REVISED ☐
50. MARS CODE: E
51. A OPD CODE: D-1
52. RETURN CODE:
53. CAT.: DIB ☐ W ☐ OSP ☐ CM ☐ PR ☐
54. SPECIAL CODE: SA ☐ WAD ☐
55. LIST NO.

FORM SSA-831-U1 (1968)
1-FOLDER COPY

...OF HEALTH, EDUCATION, AND WELFARE
...Security Administration

CONTINUATION SHEET } WH:ejs 2
FOR DISABILITY DETERMINATION 137

NOTE.—Use this form only when necessary for continuation of item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER(IF AUXILIARY FILING)	SOCIAL SECURITY NUMBER	DATE
Alfonso F. Bruschi		115-01-7603	9/21/71

The claimant is a 51 year old mechanic, with an eighth grade education. Disability is alleged as of 9/68 due to "Maier's Disease - major stomach operation".

Medical evidence reveals that the claimant had been hospitalized from 12/13/68 until 3/26/69. The diagnoses were: cholelithiasis and small hiatal hernia. A cholecystectomy, a hiatal herniorrhaphy, a vagotomy, and a pyloroplasty were performed. He was subsequently re-hospitalized for dumping syndrome. Physical examination revealed a very anxious white male in no acute distress. Subsequently, he was re-hospitalized with a diagnosis of anxiety reaction with depressive features. A work-up revealed no remarkable findings. In the ward, he made an immediate and satisfactory adjustment. He was involved in most activities, and he was looking forward to getting a job in the hospital. He went on overnight passes and handled them very well. He was discharged on 8/20/70. He was re-hospitalized from 11/9/70 until 11/13/70 with a diagnosis of latent lues. He was treated with tetracycline therapy. He had also been hospitalized for Meniere's Syndrome. He complained of vomiting and not being able to maintain his equilibrium. A physical examination was negative and the patient had no nystagmus. He was placed on comphavine, dramamine, and bed rest. After one week of hospitalization, the patient's condition improved and he was able to walk and had only light dizziness. He was discharged in good condition.

Medical evidence shows that the claimant did suffer from Meniere's Syndrome. However, after one week, his condition improved, he was able to walk, had only light dizziness, and was discharged in good condition. The claimant is 51 years old and has an eighth grade education. He retains the residual functional capacity to return to work as a locker room attendant, DOT No. 358.878, a Grader, DOTno. 589.687, or Can Inspector, DOT No. 920.687. Accordingly, this claim for Disability Benefits is denied.

FORM SSA-334
(3-70)

FOLDER

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

RECON
FORM APPROVED
BUDGET BUREAU 72R033.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: SDI ☐ SA 138 DFC ☐ — 2. DATE APP'D. 7/7/71

3. W/E (If Auxiliary Filing) — OASI W/E ☐ DIB W/E ☐ — 4. SOCIAL SECURITY ACCOUNT NUMBER 115-01-7603

5. NAME AND ADDRESS OF CLAIMANT
Alfonso F. Brushi
335 East 94th Street Apt.3
New York, NY 10028

6. DOB 03/23/20 — 7. SEX M ☐ F ☐ — 8. RACE W ☐ N ☐ O ☐ — 9. AOD 3/1/71 — 10. AT AGE 47

11. CLAIM FOR: PRIMARY ☐ SSB ☐ CHILD ☐ DWB ☐ — 12. FAMILY STATUS: MAR. ☐ SG. ☐ NO. CHILDREN (UNDER 18) — 13. QC REQ. LAST MET 3/31/71

14. ☐ W/E DOES NOT MEET QC REQ. A. ☐ DIS. IND. REVIEW B. ☐ SINCE LAST DET. — 15. REV. DEEMED OR TERM. ☐ — 16. NON-DIS. REV. IN PROGRESS ☐ — 17. MED. DEV. DISP. ☐

18. S A CODE 330 — 19. STATE New York — 20. DISTRICT OFFICE ADDRESS 230 West 125th Street New York, NY 10027 — DO CODE 117 — RO CODE 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL
21. CLAIMS REPRESENTATIVE
22. DATE OF TRANSMITTAL

23. REMARKS
Received in S/A 2/3/72.

PRESCRIBED PERIOD

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE
25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO
26. ☐ WAS NOT UNDER A DISAB. ON OR BEFORE (Date)
27. ☒ WAS NOT UNDER A DISAB.
28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i): A. ☐ NOT UNDER A DISAB FOR CASH BENE. PURP. B. ☐ UNDER A DISAB FOR CASH BENE. PURP. SINCE
29. DIAGNOSIS Meniere's syndrome
30. RCON CODE F

31. VOCATIONAL BACKGROUND (Occupation) Mechanic - welding, lifting — OCC. YEARS 5 — EDUC. YEARS 8

32. BASIS FOR DETERMINATION 1502h

☐ CONTINUED ON ATTACHED SHEET (Use OA-D834)

MAR 27 1972

33. RECOMMENDED DISAB. DET. (Date) — 34. DISABILITY EXAMINER S A C Bernardes — 35. DATE 3/27/72 — 36. REVIEW PHYSICIAN SA V. Westlock, MD — 37. DATE 3/27/72

TO BE COMPLETED BY SSA

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.
39. ☒ W/E MEETS QC REQ. IN 3rd QTR. ☐ W/E DOES NOT MEET QC REQ. HAS ___ OF ___ QTRS. FOR AQD ENDING ___
40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM ___ TO ___ ☒ NOT ESTABLISHED

41. REMARKS
Thy reviews SM-2831 dated 10/20/71

42. RE-EXAM REQ. — 43. DISABILITY EXAMINER — 44. DATE — 45. DISABILITY EXAMINER E Bacon — 46. DATE 4/13/72

CLAIMANT TO BE PAID BY: ☒ DIR ☐ VC — 47. EXC/VC NO D/C — 49. PRIOR ACT. ☐ FD ☐ PT REVISED D-4 — 50. BASIS CLASS K — 51. DIB CODE D-1 — 52. RETURN CODE — 53. CAT. ☐ W ☒ DIB ☐ OSF ☐ QH ☐ PR — 54. SPECIAL CODE ☐ VA ☐ VAD — 55. LIST NO.

FORM OA-831 (11-69)

1-FOLDER COPY

Exhibit 13 (pp)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CB:efg RCH 1

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

NOTE.—Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME OF DISABLED INDIVIDUAL	NAME OF WAGE EARNER(IF AUXILIARY FILING)	SOCIAL SECURITY NUMBER
Alfonso F. Bruschi		115-01-7603 139

The statement of evidence in the determination of 10/20/71, except as modified herein, is hereby incorporated by reference, but not the inferences, findings or conclusion thereon.

V.A.H., 12/68 to 3/69, 8/29 to 2/70, /69 to 7/59, 5/70 to 6/70, 12/70, 1/71.

Kenneth Brookler, M. D., 1/17/72.

Ira Berlove, M. D., Otolaryngologist, Consultative Examination of 3/2/72.

Evidence shows the claimant has been diagnosed as having Meniere's Syndrome. He has episodic vertigo with increased tinnitis in the left ear prior to surgery in 11/69. He also has flucuating hearing loss. On most recent examination it was noted that the claimant is completely deaf in the left ear due to prior surgery. There is slight loss of hearing in the right ear. There is no nystagmus, no past pointing and the caloric test of the right ear was within normal limits. His gait was not affected by his condition. Diagnosis however, was Meniere's Syndrome.

Medical evidence shows the claimant to have Meniere's Syndrome, but the most recent evaluation showed negative caloric testing. His gait was not affected. It is also felt that the medical evidence does not show a condition of sufficient severity to prevent him from returning to work. Accordingly, claim is denied.

This revises the previous determination of 10/20/71.

(INITIAL AND DATE)

DISABILITY EXAMINER DA	DATE	REVIEW PHYSICIAN DA	DATE	DISABILITY EXAMINER BDI	DATE	DISABILITY EXAMINER BDI	DATE
[illegible]	3/21/72	VRW	3/22/72				4/13/72

FORM SSA-834
(4-71)

FOLDER

S.D. 230 .W 135 Lt. [redacted]

REQUEST FOR MEDICAL INFORMATION FROM RECORDS OF VETERANS ADMINISTRATION

The veteran named below has filed an application for a period of disability and/or disability benefits under Title II of the Social Security Act and has authorized the Veterans Administration to release to the Social Security Administration any medical information from their records concerning him.

(Be sure to Indicate Hospital, Clinic, Domiciliary or Regional Office)

TO: VETERANS ADMINISTRATION Hospital

STREET 408 First Ave

CITY, STATE AND ZIP CODE Ny Ny 10010

I IDENTIFYING INFORMATION (To Be Completed By SSA)

VETERAN'S NAME (LAST, FIRST, MIDDLE) Bruschi, Alfonso F.

SOCIAL SECURITY NUMBER 115-01-7603 140

CLAIM NUMBER C- 033894166

SERVICE SERIAL NUMBER (If C No. not available)

DATE OF REQUEST 09/07/71

ORIGINATING OFFICE (If not Parallel DO) Bureau of Disability Deter. 110 Williams St Ny Ny 10038

II INFORMATION NEEDED BY SSA (Only checked items are needed)

A. ☒ HOSPITAL SUMMARIES OR EQUIVALENT INFORMATION *(If veteran is still hospitalized and the period covered by the latest summary ended over 3 months ago, please also furnish response to treatment and current diagnosis and prognosis. If a summary has not been prepared, please furnish history; copy of admission examination, subsequent laboratory reports and examinations; treatment and response; diagnosis; and prognosis.)* → HOSPITALIZED AT VA Hospital → DATES 11/68 TO 03/69

B. ☐ EXAMINATION FOR COMPENSATION OR PENSION → DATE

C. ☒ RECORDS OF OUT-PATIENT TREATMENT → DATES 11/68 to present.

D. ☐ STATEMENT OF COMPETENCY TO MANAGE FUNDS *(If summaries or reports furnished do not contain determination of competency to manage funds made within past year, please complete block III B below.)*

E. ☐ OTHER SPECIFIC INFORMATION

Hospitalized 6 times from 11/68 to present

III VA RESPONSE

A. USE THIS SPACE FOR REPLY TO II E OR FOR OTHER REMARKS:

If additional space is necessary, use reverse or attach additional sheet.

B. STATEMENT OF COMPETENCY TO MANAGE FUNDS *(Complete only if II D checked above)*

THIS VETERAN CONSIDERED BY THE VETERANS ADMINISTRATION ☐ COMPETENT TO MANAGE FUNDS ☐ INCOMPETENT TO MANAGE FUNDS

THIS DECISION HAS BEEN ☐ ADJUDICATED BY VA ☐ DETERMINED BY MEDICAL STAFF — DATE OF DECISION

Return to SOCIAL SECURITY ADMINISTRATION District Office 37 Dr Lowy Rm 1400 Ny Ny 10006

I certify the above information is taken from the medical records at this station and that all opinions expressed are those of our medical staff.

SIGNATURE OF REGISTRAR, MED. EXAM. OFF. OR DESIGNEE

DATE TITLE

Exhibit 14 (14)

FORM OA-D82B (8-68)

Chronic thiaz
small hiatal hernia

5-8
560.4
141

Major diagnoses noted but not treated

BEST COPY OBTAINABLE

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION	DATE	
Cholecystectomy Hiatal herniorrhaphy Vagotomy Pyloroplasty	2-28-69	53.5 44.7 40.7

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)

Patient was admitted to Surgical dept. because of epigastric pain. They did the above mentioned Op. for him on 2-28-69. He was transferred to BNH on 3-11-69 because of swelling of left submaxillary region off & on for several weeks (usually after meal). We arranged Sialogram for him on 3-27-69 but he refused to have treatment here and was discharged on 3-26-69.

No swelling of left submandibular gland at the time of discharge.

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ABC DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
12-13-68	3-26-69	PHC	103	—	9S.	Clin-Clin It

VA FORM 10-1000 EXISTING STOCK OF VA FORM 10-1000, NOV 1966, WILL BE USED.

HOSPITAL SUMMARY

4/1

* GPO : 1966 O - 209-108 (2001)

DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay. For discharge to Nursing Care, place letter "N" before diagnosis(es) responsible for Nursing Care placement.)

ICDA CODE

Dumping Syndrome

997.9
142

APPROVED: _____ MD

Major diagnoses noted but not treated

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

DATE

None

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)

This 49 year old white male enters on 7/22 for pain in his epigastrium and right upper quadrant. Patient has a long history of abdominal pain dated to 1963, ~~xxxxx~~ diagnosis of hiatal hernia and cholelithiasis were made, and patient underwent cholecystectomy, vagotomy and pyloroplasty and hiatal hernia repair in Feb. 1969. Patient's symptoms improved, but for the past three months he has had bloating, epigastric discomfort, flushing and palpitations, but no nausea, vomiting or diarrhea. Physical examination revealed a very anxious white male in no acute distress and a well healed right parimedian scar, with a soft, flat, non-tender abdomen; no masses or organomegaly. Diagnoses initially included psycho-neurosis and probable Dumping syndrome. The patient asked to be discharged on 7/23, and will be followed in clinic.

BEST COPY OBTAINABLE

N DATE	DISCHARGE	TYPE OF DISCHARGE	INPATIENT DAYS	ABD DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
9	7/23/69	AMB-PHC	1		10S	MATTHEW SKLNICK, MD

10-1000 EXISTING STOCK OF VA FORM 10-1000, NOV 1965, WILL BE USED.

HOSPITAL SUMMARY

VAMC : 1965 O - 805-185 (10-65)

LEE WHITE

PATIENT'S NAME	AGE	SEX	UNIT #		NEW YORK VAH, NEW YORK
BRESCHI, ALFONSO	49	M			MUAH

8-20-69 49 year old re-admitted because of recurrent epigastric pain unrelated to meals. Had repair of hiatus hernia and gastrectomy. Report GI series revealed recurrent hiatus hernia. Operative repair is to be out through left leg during endoscopy.

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

BP 130/80 VR. 88/m Head and lungs - no CVA, abdomen soft, liver, spleen not palpable, no tenderness, no guarding. Extremities - negative

BEST COPY OBTAINABLE

PROGRESS (Enter date of discharge and final diagnosis)

Esophagoscopy done under Logical Dyclone anesthesia using E-scope which was passed with ease. Esophagitis at the distal 1/3 of the esophagus. Patient recovered - the procedure will be repeated in 2 weeks.

FINAL DIAGNOSIS: Hiatus hernia, recurrent

MAJOR DIAGNOSIS NOT TREATED: S/P repair of hiatus hernia and gastrectomy

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
	8-20-69		Surg. 4 VAH

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle; grade; date; hospital or medical facility)

BRESCHI ALFONSO - CVEK -

REGISTER NO.	WARD NO.
115-01-7603	11A

ADM. DATE	DISCH. DATE	TYPE OF DISCHARGE	INPATIENT DAYS
8-20-69	8-20-69	MAB-PAC	1

ABBREVIATED CLINICAL RECORD MEDICAL APPROVAL 599-103

[redacted] — O. [redacted]

= TO GI Lab. ✓

= Consult for endoscopy ✓ 8/24/62

CONT'D —

Dr. Kenden consulted and suggested transfusing patient to surgery — TO N

Transfer patient to surgery

DATE AND TIME	T	P	R	STOOLS	WEIGHT
8/25 10 AM	98	96	20		171 lbs
					5'9"

NURSE'S NOTES

MEDICATION AND NURSE'S NOTES

BP 130/90 R Baum RN

TO GI Lab

BEST COPY OBTAINABLE

Holter this test done 3 days ago. As the blood [illegible] [illegible] [illegible]

x1. Meniere's disease
2. Chronic sialoaderitis

385
527.2
145

APPROVED J Kwok MD

Major diagnoses noted but not treated NONE

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION	DATE	
1. Excision ~~Revision~~ of submandibular gland	10/24/69	95.1 18.0

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given, condition at discharge; patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)

Patient is a 49 year old White male who was admitted to our ward with symptoms of vertigo. Workup was consistent with Meniere's disease and the patient underwent a left trans-tympanic labyrinthectomy. While on the ward he also had complaints of swelling and pain beneath the submandibular area. It was felt that the patient had enlarged left submandibular gland probably with chronic sialoadenitis. On 10/24/69 the patient underwent revision of his submandibular gland. The operative pathologic report revealed chronic sialoadenitis. Postoperatively after his labyrinthectomy the patient continued to complain of unsteadiness. Workup for this was unremarkable and it was felt that this was mainly functional. Patient has also had previous gastrectomy and vagotomy many years ago. He had complaints of occasional vomiting and abdominal pain. He was evaluated for this by Chest Surgery, General Surgery and by GI Service and this was felt to be mainly a functional nature. Patient was finally discharged from the hospital on 2/14/70 to be followed in the Outpatient Clinic.

CODED: 4/15/70 DATE G.W. INITIAL

SUM.M.R.O. DATE

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ABO DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
8/29/69.	2/14/70	MHB-PHC	178		9S	ARTHUR CO...

VA FORM FEB 1969 10-1000 EXISTING STOCK OF VA FORM 10-1000, FEB 1968, WILL BE USED. 1626/gcg HOSPITAL SUMMARY

[redacted]

146

[redacted]

...diagnoses noted but not treated

ERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION (Group 91)

	DATE
J	

MARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished ...charge; competency opinion; and name of the Nursing Home, if known.)

...ith the MVAHA 50 yo w/ c/o abdominal pain + V vomiting. Hx PTA pt. was operated on for H-H- P+V was performed. ...ince operation pt. did well, but recently has had ...me fullness + bloating.

...) BP 120/70, P-90, T-97

...EENT WD/WN w/ NAD

...) Lungs - clear to P+A

...OR

— 5 LICS MCL + MRCG

...bd

— - soft non distended, se ...tenderness mid epigastrium

...t - + BS

...N DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ABD DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
...8 70	6 16 70	MHD	19	—	11N	W. B. [illegible]

10-1000 EXISTING STOCK OF VA FORM 10-1000, FEB 1952, WILL BE USED.

HOSPITAL SUMMARY

[redacted]

Pleuro - Complete deafness (L) ear

U/A - NL

CBC HCT=44, WBC 11,600 52N 14B, 39L, 4M
Protein 16/19

BUN - 23, Lytes - WNL

EKG WNL

Chest

Course

Soon after admission pt. began vomiting. Bowel sounds were absent - abd. was distended

) X-Ray showed dilated loops of S/small bowel - Air/fluid levels

) Levin tube was passed - obstruction was relieved

UGI, BE, - Sigmoid coupey did not reveal site of obstruction

[redacted]

[redacted]

L.J. Bourque M.D.

or diagnoses noted but not treated 8/25/70

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION | DATE

CODED: DATE 10/9/70 INITIAL

SUMM.R.O. DATE

SUMMARY (Brief statement should include, [illegible], pertinent physical findings; course in hospital; treatment given; condition at discharge; the patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge, competency opinion, and name of the Nursing Home, if known.)

MR. B is a 53 year old N.S.C. male admitted to the MP service CC "I have been having palpitations, I feel tense and nervous". He had been discharged a few days ago from 9N- following a thorough workup for the palpitations and there was no remarkable findings. On the ward patient made an immediate and satisfactory adjustment, was walked - most activities and especially in OT- Because he was looking forward to getting off on the hospital. He was placed on Pfizerpen & Terbutaline but this was held because of dyspnea to start which cleared up on discontinuing medication. EKG. remained did not reveal any gross abnormality

Patient went on overnight pass and handled it very well. [illegible] appointment and was then given discharge. Follow up at RO. was explained for in the event

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ABD DAYS	WARD NO	SIGNATURE OF PHYSICIAN
8/3/70	8/20/70	MHB	17	0	17So	L.J. Bourque

VA FORM FEB 1968 10-1000 EXISTING STOCK OF VA FORM 10-1000, FEB 1968, WILL BE USED. HOSPITAL SUMMARY

149

[redacted]

Major diagnoses noted but not treated

BEST COPY OBTAINABLE

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION | DATE

—

COPIED 2/17/71 DATE [illegible] INITIAL

SENT M.R.O. DATE

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings, course in hospital, treatment given, condition at discharge, [illegible] patient is capable of returning to employment, period of convalescence, if required, recommendations for follow-up treatment, medications taken about [illegible], competency opinion, and name of the Nursing Home, if known.)

This is the 6th MVA admn of this 50 y/o W ♂ who was found to have a rising titre (to 1:640 by VDRL & Kolmer). He was treated for Secondary [illegible] in 1964. He has a history of Pen allergy, [illegible] with [illegible].

He was placed on Erythromycin 2 gm/day p.o. developed palpitations, flushing & headaches. developed similar symptoms secondary to Tetracycline tabs & placebo Caps. He was admitted started on Erythromycin 200 mgm ran bid & evolved no symptoms. He is convinced that is allergic to capsules although he probably has an anxiety Reaction & his symptoms are psychosomatic in origin.

He was discharged on ~~Erythromycin~~ liquid 250 mgm/5 cc) ii tablespoons tid, to be followed in PHC - Derm 11/25/70.

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ABS DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
11-9-70	11-13-70	MHB-PHC	4	0	8-W	[signature]

FORM 10-1500 EXISTING STOCK OF THIS FORM TO BE USED FOR MRO, WILL BE USED.

HOSPITAL SUMMARY

DD 12/29 DT 1/5/71

BRUSCHI, Alfonso	50	M	W	c-3 553 146	113 01 7608	WAH MX MR 10010

Meniere's syndrome

ICDA CODE 386 150

APPROVED: _____ MD

Major diagnoses noted but not treated

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION	DATE

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings; course in hospital, treatment given, condition at discharge; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge, competency opinion, and name of the Nursing Home, if known.)

This was a 50 year old white male who was admitted to the hospital with a chief complaint of dizziness, tinnitus and deafness and vomiting and nausea for several days. The patient underwent in 1966, but it did not improve his condition. He was seen in the Admitting Office where he came in the evening because of vomiting several times that day and he was not able to maintain his equilibrium. Physical examination is negative and the patient had no nystagmus. The patient was placed on Compazine, Dramamine and bedrest. After 1 week of hospitalization, the patient's condition improved and he was able to walk and had only light dizziness. He was discharged in good condition. to be seen in ENT Clinic in 1 month.

CODED 2/12/71 DATE cleared INITIAL

SMR.R.O. DATE

L Bakos MD

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ARD DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
12/15/70	12/22/70	MHB-PBC	7	e	9S	LADISLAV BAKOS, MD

L FORM 10-1000 EXISTING STOCK OF VA FORM 10-1082 PER 1968, WILL BE USED.

HOSPITAL SUMMARY

151

DD 12/29 DT 1/5/71

4077/41h

Approved exception to SF 502

PATIENT'S NAME	AGE	SEX	RACE	CLAIM NO.	SOCIAL SECURITY NO.	NAME OF HOSPITAL	ICDA CODE
BRUSCHI, Alfonso	50	M	W	C-3358166	115 01 7603	VAH NY NY 10010	385

DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "A" before the one diagnosis responsible for the major part of the patient's stay. For discharge to Nursing Care, place letter "A" before diagnosis(es) responsible for Nursing Care placement.)

A1. Meniere's syndrome.

APPROVED:

Major diagnoses noted but not treated

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION — DATE

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)

This was a 50 year old white male who was admitted to the hospital with a chief complaint of dizziness, tinnitus and deafness and vomiting and nausea for several days. The patient underwent in 1966, but it did not improve his condition. He was seen in the Admitting Office where he came in the evening because of vomiting several times that day and he was not able to maintain his equilibrium. Physical examination is negative and the patient had no nystagmus. The patient was placed on Compazine, Dramamine and bedrest. After 1 week of hospitalization, the patient's condition improved and he was able to walk and had only light dizziness. He was discharged in good condition. to be seen in ENT Clinic in 1 month.

CODED: 2/17/71 DATE cleared INITIAL

AMA R.O. DATE

L Bakos MD

NO. OF COPIES OF DISCHARGE	INPATIENT DAYS	ABO DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
	7	0	04	LADISLAV BAKOS, MD

FLORIDA RECORD

5/3/71 Exam.

Pt. has received full course of antibiotic (Tetracycline) therapy.

VDRL - 1:8 Kolmer 1:32

Pt. has had elevated serology which has not been coming down. However since pt. has latent lues, his serology probably will not come down.

Return - 6 months
VDRL - 5 months

P-10 for medical complaint

A. Presta

MMB from Clinic

(Continue on Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; Prison; dates; hospital or medical facility)

REGISTER NO

SCHI ALFONSO
-01-7603
3-20 PRES

VAN NY. NY

153

Approved exception to SF 502

PATIENT'S NAME: Mr. [illegible] | AGE: 57 m | RACE (Claim #): Cauc 3258 16 6 | SOCIAL SECURITY NO.: 115-01-2605 | NAME OF HOSPITAL: WYUAH

DIAGNOSES (List in sequence in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one which was responsible for the major part of the patient's stay. For discharge to Nursing Care, place letter "N" before diagnosis responsible for Nursing Care placement.)

	ICDA CODE
1) NR dx reached on G.I symptoms	796.9
2) Post. labyrinthectomy 4) Post vagotomy + Pyl[illegible]	574.9
3) Meniere's Syndrome	388.5
	551.3
	Y10.6
	385

Major diagnoses noted but not treated

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION (M.D.)

	DATE
1) 0	
2)	
3) Christiaens	

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)

This pt presents with chest complaints of post prandial pain & flushing which had previously been ascribed to dumping syndrome. The pt however insisted he had this symptom prior to his vagotomy & pyloroplasty. Pt was persuaded to leave the hospital AMA

CODED: 10/29/71 DATE mm INITIAL

SUMMED: Cleared DATE (DPA)

DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ADD DAYS	WARD NO.	SIGNATURE
10/71	AMA	2	0	2W	Ivenroestein

EXISTING STOCK OF VA FORM 10-2000 PEC 1969, WILL BE USED

HOSPITAL SUMMARY

154

12/20/71

(To be completed by Requesting Office)	PATIENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
IDENTIFYING INFORMATION	Alfonso F Bruschi	3/23/20	115-01-7603
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE	
	NAME OF DOCTOR: Kenneth Brookler, M.D.	230 WEST 125 STREET NEW YORK 27, NEW YORK	

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

Episodic vertigo = increased tinnitus (L) ear prior to surgery 11-21-69. Since the operation has had increased tinnitus, presume (L) ear, and persistent unsteadiness.

Since about the time of surgery has had fluctuating (R) hearing loss

Department of Health, Education and Welfare
Social Security Administration
Bureau of Disability Insurance
JAN 19 1972
26 Federal Plaza, Rm. 3138
New York, New York 10009

Exhibit 15

DATE OF INJURY OR FIRST SIGN OF ILLNESS	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION
	7-2-71		9-25-71

Exhibit No. 15 (Sup)

155

7-27-71 Sharpened Lowberg - unable to perform
to hearing ⊙ ear.

(OVER)

II. LABORATORY AND SPECIAL STUDIES: Give results with dates. [Hemoglobin, Hematocrit, Sedimentation rate, Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputum (smear, culture), Serology, X-rays, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Electrocardiogram, (electrocardiographic tracings or copies or detailed description and interpretation) etc.] 157

Non specific ENG - abnormalities consistent with lateral rectus ear involvement.

Evoked response audiometry - suggests hearing (R) ear.

FTA - ABS - reactive.

IV. DIAGNOSES:

1. Bilateral Meniere's Disease - by history probably
2. & Exotic origin
3.

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
KENNETH H. BROOKLER, MD 1 EAST 77 STREET. NEW YORK, N.Y.	TELEPHONE NUMBER 861-6423	M.D. DATE 1-17-72

[redacted]

[redacted] New York Secretary

CONTACT MADE: ☐ SO ☐ SO ☐ CS ☐ HOME ☒ PHONE ☐ OTHER (Specify) DATE OF CONTACT: 2/15/72

OUI: 861-6423

PURPOSE: To clarify whether audiogram can be obtained.

FACTS: Secretary checked and finally said that there was no audiogram available, and that only a HMG had been done.

NEXT ACTION: Continue case processing.

C. Benavides

Ex 15, p5

[redacted]

☐ GS ☐ PS ☐ SS ☐ [redacted] Disability Examiner ☐ Other (Specify)

DATE OF REPORT

Page 1 of 1

FORM [redacted]2 (6-72)

#13 556 D2/15 2/17/72 CB:ebb RCH-1

DO NOT WRITE IN MARGIN

1. Physician's Name Brookler (Last) Kenneth (First) Haskelle (Middle) 159

2. Address 19 East 98 Street

New York, New York 10029

3. AMA Membership: ☐ Yes ☒ No

4. Year of Birth (B): 1938

5. Medical Education (ME): State: ~~XXXXXXX~~ Canada

School: University of Manitoba Faculty of Medicine, Winnepeg

Year of Degree: 1962

6. Year of License (L): 1964

7. National Board (NB): ☒ Yes ☐ No

Year: 1963

8. American Specialty Boards (AB):

9. Medical Specialties:

10. Type of Practice (TOP): Resident or Fellow

11. National Scientific Medical Societies: (SS)

12. Professorial Appointments (PA): State:

School:

13. Other Information:

14. Sources of Information: American Medical Directory

Edition: 2nd Page: 2158

Exhibit 16

Exhibit No.

IRA J. BERLOVE, M.D., F.A.C.S.
DIPLOMATE OF THE AMERICAN BOARD OF OTOLARYNGOLOGY

March 5, 1972

Department of Social Services
Bureau of Disability Determinations
110 William Street
New York, N. Y, 10038

Re: Alfonso F. Brushi
A/N 115-01-2603
Soc. Sec. no. 115 01 703

Dear Sirs:

I examined Mr. Alfonso F. Brushi at my office on March 2, 1972 and wish to report to you as follows:

Left Ear:

A left labryinthectomy was performed some time ago and the patient therefore has no function in that ear. The ear drum is intact, no perforations. This is a dead ear.

Right Ear:

The drum membrane is intact. No perforations. Hearing is reduced in this ear. See audiogram.

Weber test-lateralizes to the left.
Rhinne is positive
Schwabach is negative.

There is no nystagmus present. No past pointing. Caloric test of right ear is within normal area.

SEE SHEET OF ANSWERS TO QUESTIONS.

I do not know if a hearing aid will be of any help to this man. It would be worth trying one. His gait is not affected.
I believe that patient does have Menieries disease, which does explain his present symtoms and complaints.

Exhibit 7 (3p)

Thank you for the opportunity of examining this patient.

Yours truly,
Ira J. Berlove
Ira J. Berlove, M. D.

IJB/is

6.)

NAME Alfonso F. Brooks ADDRESS 935 E. 94 St. N.Y. N.Y. 10029

PHONE Bu 8-0211

DATE 3/2/72

BY Ira Berlow, M.D.

COMMENTS: Left ear has no function at all. Air conduction.

Beltone AUDIOGRAM

Loss in Decibels	125	250	500	750	1000	1500	2000	3000	4000	6000	8000
-10											
Normal 0											
10											
20					. 0		1. 5		. 5		
30			1. 0		3. 0		4. 0		1. 7		
40			3. 7		7. 7		9. 5		3. 5		
50			6. 5		12. 0		14. 2		R 9. 4		
60			9. 0		19. 0		23. 7		8. 7		
70			13. 0		23. 0		30. 2		12. 5		
80			14. 5		27. 2		34. 0		14. 2		
90			14. 9		29. 0		37. 5		14. 5		
100					30. 0		40. 9		15. 0		

CODE
Left Ear = X
Right Ear = O
Bone Left = ⊐
Bone Right = ⊏

Selbst Associates
Sound Control Division
350 MADISON AVE., NEW YORK, N. Y.
YUkon 6-3670

Ex 17, p2

(3/1/66) CR-383.2 Rev

David Bernstein, M.D.

Claimant Alfonso P. Urquhi

[redacted] 162

PLEASE ANSWER ALL RED CIRCLED ITEMS

1. Date(s) of your examination March 2, 1972

2. Is there absence of air and bone conduction:

Right ear none Left ear no air or bone conduction

3. Give percentage estimate of loss of auditory acuity:

Right ear ? 30-40 % Left ear 100 %

4. a. Can hearing be improved by hearing aid? yes

b. If used, estimate percentage improvement 20-30 %

5. Give frequency of attacks of Menieres syndrome He says he has it nearly all the time

6. Are there attacks of vertigo? He said "yes" Frequency? often

Severity: _____ mild; _____ moderate: X severe

7. Is the gait affected? no Describe —

8. Give any other serious condition significant to recovery

No nystagmus, no past pointing observed.

Signed Ira J. Berlove, M.D. M.D. Date 3/3/72

For Bureau Use: Review Physician _____ M.D. Date _____

State of New York - Department of Social Welfare
Bureau of Disability Determinations
110 William Street, New York, N. Y. 10038

17 3

PROFESSIONAL QUALIFICATIONS

1. Physician's Name Berlove (Last) Ida (First) (Middle)

163

2. Address 950 Park Avenue

N.Y, N.Y. 10028

3. Year of Birth (B): 1898

4. Medical Education (ME): State: New York

School: State University of New York Upstate Medical Center, Syracuse

Year of Degree: 1925

5. Year of License (L): 1925

6. American Specialty Boards (AB): American Board of Otolaryngology

7. Medical Specialties: Otolaryngology

8. Type of Practice (TOP): Fulltime specialty

9. National Scientific Medical Societies (SS): American Academy of Opthalmology, American Academy of Facial, Plastic and Reconstructive Surgery, Inc.

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year:	Edition:	Page:
1969	25th	2769

Exhibit, 18

Other Sources:

FORM HA-526
(3-71)

March 26 1973

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I would like to postpone the hearing set for
me on april 2, 1973 2.P.M.

I need the additional time to obtain further medical evidence which would substantiate my claim for disability payments.

I have examined all of the records you have at the present and there are numerous discrepancies which I can refute

Thank you for your cooperation and Trouble

I remain
Alfonso J. Bruschi
SS # 115-01-7603
335 East 94 Street
new York City 10028
new York.

[redacted]
MAR 26 1973
Federal Plaza, Rm. 3138
New York, New York 10007

Exhibit 19

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

BUREAU OF
HEARINGS AND APPEAL

REFER TO:

Room 3138, Federal Building
26 Federal Plaza
New York, New York 10007

April 6, 1973

Dr. Sidney Fishman
200 Cabrini Boulevard
New York, New York 10033

115-01-7603
(Social Security Number)

Dear Dr. Fishman:

Mr. Alfonso F. Bruschi has an application pending for social security disability benefits. A hearing on the claim is scheduled for Tuesday, the 24th day of Apr., 1973 at 9:30 o'clock in Room 3138 of the Federal Building, 26 Federal Plaza (Number and Street), New York (City), New York (State).

You are requested to give testimony as a vocational expert, primarily to cover the period September, 1968 to March 31, 1972. Your presence throughout the hearing is desired since your testimony will be based, in part, on the testimony given by the claimant and any other witnesses, including a medical advisor if needed.

Enclosed are the exhibits (~~and exhibits~~) tentatively selected for inclusion in the record of this case. Also enclosed is an acknowledgment card for you to complete and sign. Please return the card ~~and exhibits enclosed~~.

Sincerely yours,

Edward V. Alfieri
Administrative Law Judge

Enclosures:
1 - 19 exhibits (photocopies)
~~and exhibits~~
~~and enclosures~~
Form HA-504.1
cc: Name and address of representative or claimant

Exhibit 20

Mr. Alfonso F. Bruschi
335 East 94th Street
New York, New York 10028

PLEASE SEE REVERSE SIDE FOR
INFORMATION ON MATTERS UPON
WHICH YOU WILL BE ASKED TO TESTIFY.

FORM HA-L8

(Over)

EXHIBIT No. 27

SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS
P.O. BOX 2518
WASHINGTON, D.C. 20013

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RESUME OF EXPERIENCE AND BACKGROUND

December 18, 1970

Please print or type all entries. Attach extra sheets as needed. Submit in duplicate

HOME PHONE: WA. 8-8959 (212) (Area Code)
OFFICE PHONE: 679-3200, Ext. 3701

Social Security NO. [illegible]

1. NAME Fishman (Last) Sidney (First) - (Middle) Date of Birth May 28 [illegible]

2. MAILING ADDRESS 200 Cabrini Blvd.
New York, N.Y. 10033

3. PRESENT EMPLOYMENT

Present Employer Institution or Firm: New York University
Date of First Employment In This Position: 1947
Your Position or Title: Senior Research Scientist; Adjunct Prof. of Rehabilitation; Director, Prosthetic-Orthotic Research & Edu[illegible]
No. of Hours Worked Per Wk.: [illegible]
Description of Your Duties: Responsible for educational programs in pros[illegible] orthotic rehabilitation for physicians and surgeons, therapists, prosthe[illegible]s, orthotists, and rehabilitation counselors; supervise interdisciplinary p[illegible]s[illegible]-orthotic research programs including engineering, physical medicine, sur[illegible]ry, physiology and psychology; provide rehabilitation counselling to selected [illegible] with physical handicaps.

4. PREVIOUS EXPERIENCE -- Begin with your earliest employment in psychological [illegible] and continue chronologically. Do not include minor positions. Use additional sheets if necessary.

	Position or Title	Employed From	To	Institution or Firm
(a)	Vocational Counselor	1939	1940	Community Employment Service
Duties	Interviewed, tested and counseled clients of public guidance and placement agency.			
(b)	Occupational Analyst	1940	1941	Employment Service
Duties	Performed job analyses, occupational composition studies and [illegible] revisions of the Dictionary of Occupational Titles. Prepared occupa[illegible] brie[illegible]			
(c)	Personnel Technician	1941	1942	Headquarters, 29th Division
Duties	Member of section which operated classification, assignment and testing program for the Division.			

Continued on [illegible]

Exhibit 21 (9 pp)

	Position or Title	Employed From	To	Institution or Firm
(d)	Clinical Psychologist	1942	1942	Station Hospital, Fort Meade

Set up and operated a psychological and vocational advisement section as part of the neuropsychiatric division.

(e)	Psychological Examiner	1942	1943	Armed Forces Induction Stations

Established psychological screening program at two induction stations; interviewed, tested and examined appropriate records for Army selection purposes.

(f)	Personnel Research Technician	1943	1943	The Adjutant General's Office, War Department

Construction and validation of two Army course examinations; 1) Occupations and Vocational Psychology and 2) Social Psychology.

(g)	Educational Advisor and Classification Officer	1943	1944	Massachusetts Institute of Tech.

In charge of the advisement and assignment of 1500 basic and advanced engineering students.

(h)	Psychological Counselor	1944	1944	Tilton Hospital & Separation Center

Organized and established a psychological counseling section and was member of the counseling staff of experimental separation center.

(i)	Instructor, Vocational Guidance	1944	1945	Separation Counseling School

Was member of the original instructional staff; participated in inaugurating school by planning curriculum and courses.

(j)	Clinical Psychologist	1945	1945	Army Ground & Service Force Redistribution Station

In charge of the psychological section providing clinical testing and counseling service for overseas returnees.

(k)	Classification and Assignment Officer	1945	1946	Headquarters, ASCOM

Responsible for the classification and assignment of officer personnel assigned to the service troops of the 6th Army.

(l)	Personnel Research Psychologist	1946	1947	War Department

Development and validation of psychological tests and rating techniques, such as officer efficiency scales and non-language intelligence tests.

Listings (a) through (k) above are military assignments.

Undergraduate

College of the City of New York B.S. June 1939 - Psy...
Institution Degree Major

Graduate

Institution	Dates of Attendance	Degree	Major Field	
Columbia University	Sept. 1939-June 1940	M.A.	Vocational Guidance	
Columbia University	Sept. 1946-June 1949	Ph.D.	Psychology	

PUBLICATIONS

List publications with journal references. - See attached listing

PROFESSIONAL RECOGNITION

American Association for the ... of Science
American Personnel and Guidance ...ociation
National Vocational Guidance Assoc.
American Rehabilitation Counselors Assoc.
American Psychological Assoc. - Fellow
National Rehabilitation Assoc.
International Society for the Rehabilitation of the Disabled
New York Academy of Sciences
Eastern Psychological Assoc.
New York State Psychological Assoc.
Conference on Prosthetic-Orthotic Education
Certified Psychologist - New York State Dept. of Education
Who's Who in the East
American Man of Science
Leaders in American Education
Dictionary of International Biography
Community Leaders of America
New York State Dept. of Education

...NISTRATIVE ACTIVITIES (PAST OR PRESENT)

1962 - date Social Security Administration, Washington, D.C.

1967 - date Social and Rehabilitation Services, Dept. of Health, Education and Welfare

1968 - date Project HOPE

1966 - date American Orthotic and Prosthetic Assoc.-American Board for Certification in Orthotics and Prosthetics, Inc.

...-... Maternal and Child Health Service, U.S. Public Health Service, ...

1952 - 1964 1969 - date	Committee on Prosthetic Research and Development, National Research Council-National Academy of Sciences; Member of Subcommittee on Child Prosthetics Problems 1957-date
1959 - date	Amputee Service Program Advisory Committee, New York City Department of Health
1960 - date	University Council on Prosthetic-Orthotic Education
1969 - date	Subcommittee on Special Educational Projects in Prosthetics and Orthotics, Committee on Prosthetic-Orthotic Education, NRC-NAS
1969 - date	Committee on International Relations, Council on Psychological Aspects of Disability, Division 22, American Psychological Assoc.
1970 - date	Committee on Education, American Prosthetic and Orthotic. Assoc. -Chairman Committee on Education, Int. Society for Prosthetics & Orthotics-Chairman

Sidney Fishman

SELECTED PUBLICATIONS

1. [illegible], "Self-concept and adjustment to leg prosthesis," Doctoral dissertation, Columbia University, 1949, privately published.

2. _____., "Spiegel, H., and Shor, J., "A hypnotic ablation technique for the study of personality development," Psychosomatic Medicine, 7:273-278, September 1945.

3. _____., Experimental Design for the Testing of Prosthetic Devices for Above-Knee Amputee. (New York: Research Division, College of Engineering, New York University, 1948).

4. _____., Kransdorf, M., and Lifton, W., "Study of Amputee Acceptance of Prosthetic Devices," Journal of Physical and Mental Rehabilitation, 4(1): 17-19, February-March, 1950.

5. _____., Facts and Opinions Concerning Amputees - A Questionnaire Survey, (New York: Research Division, College of Engineering, New York University, 1950).

6. _____., et. al., Evaluation of the APRL Hook, (New York: Research Division, College of Engineering, New York University, 1950).

7. _____., et. al., Evaluation of the APRL Hand, (New York: Research Division, College of Engineering, New York University, 1950).

8. _____., et. al., Evaluation of Henschke-Mauch Hydraulic Leg, (New York: Research Division, College of Engineering, New York University, 1952).

9. _____., et. al., Evaluation of the Navy Above-Knee Prosthesis, (New York: Research Division, College of Engineering, New York University, 1953).

10. _____., et. al., The Functional and Psychological Suitability of An Experimental Hydraulic Prosthesis for Above-Knee Amputees, (New York: Research Division, College of Engineering, New York University, 1953).

11. _____., The principles of artificial limb evaluation. Human Limbs and Their Substitutes, ed. Klopsteg, P. and Wilson, P.D., (New York: McGraw-Hill 1954), Chapt. 25.

12. _____., and Berger, N., "The Choice of Terminal Devices," Artificial Limbs, National Academy of Sciences, 2:66-77, 1955.

13. _____., et. al., Evaluation of the Blevens Below-Knee Prosthesis (New York: Research Division, College of Engineering, New York University, 1955).

14. _____., et. al., Surveys of Child Amputees at the Mary Free Bed Hospital, Grand Rapids, Michigan. (New York: Research Division, College of Engineering, New York University, 1957).

15. _____., et. al., Evaluation of Navy Below-Knee Prosthesis (New York: Research Division, College of Engineering, New York University, 1957).

16. _____., et. al., Evaluation of the SACH Foot (New York: Research Division, College of Engineering, New York University, 1957).

17. _____., et. al., A Study of 48 Cineplasty Amputees (New York: Research Division, College of Engineering, New York University, 1957).

18. _____., et. al., Management of the Above-Knee Amputee (New York: Prosthetics Education, New York University Post-Graduate Medical School, 1957).

19. _____., Introduction to Prosthetics and Orthotics for Rehabilitation Counsellors, (New York: Prosthetics Education, New York University Post-Graduate Medical School, 1957).

20. _____., "Studies of the Upper-Extremity Amputee. IV. Educative Implications," Artificial Limbs, 5:88-93, Spring 1958.

21. _____., "Studies of the Upper-Extremity Amputee. VIII. Research Implications," Artificial Limbs, 5:117-128, Autumn 1958.

22. _____., (ed.), "Studies of the Upper Extremity Amputee," Artificial Limbs, 5:4-94, Spring 1958; 5:4-128, Autumn 1958.

23. _____., et. al., The Clinical Treatment of Juvenile Amputees (1953-1956) (New York: Research Division, College of Engineering, New York University, 1958).

24. _____., and Contini, R. (eds.) "Contributions of the Physical, Biological and Psychological Sciences in Human Disability," Annals of the New York Academy of Sciences, 74: Art. 1, September 20, 1958.

25. _____., Proposals for Research in Bracing, pp. 22-23. Summary of Proceedings First Amputee Research Conference, University of California Medical Center, December 1958.

26. _____., "Amputee Needs, Frustrations and Behavior," Rehabilitation Literature, 20(11):322-329, November 1959.

27. _____., "Professional Education in Prosthetics and Orthotics," Orthopedic Prosthetic Appliance Journal, 14:(3), 86-92, September 1960.

28. _____., "Prosthetic and Orthotic Education," Rehabilitation Record 2:(4): pp. 29-31, July-August 1961.

29. _____., (ed.), The Geriatric Amputee, (Washington, D. C.: National Academy of Sciences, National Research Council), 1961.

30. _____., et. al., The Investigability and Applications of the Hanshke-Mauch Hydraulik Swing Control System (New York: Research Division College of Engineering, New York University., 1961).

31. _____., et. al., Metabolic Measures in the Evaluation of Prosthetic and Orthotic Devices (New York: Research Division, College of Engineering, New York University, 1962).

32. _____., "Amputations" Psychological Practices with the Physically Disabled, (eds.), Garrett, J. F. and Levine, E. S. (New York: Columbia University Press, 1962), pp. 1-50.

33. _____., "The Role of Evaluation in Orthotics Research and Development." Paper on Orthotics Research and Development, (Washington, D. C.: National Academy of Sciences, National Research Council, 1962).

34. _____., Developments in Upper Extremity Prosthetics. (Philadelphia: Proceedings of Third International Congress; World Federation of Occupational Therapists, 1962).

35. _____., Korin, H., and Weiss, S.A., "Pain Sensitivity of Amputation Extremities" Journal of Psychology, 55:345-355, 1963.

36. _____., Weiss, S. A., "Extended and Telescoped Phantom Limbs in Unilateral Amputees," Journal of Abnormal and Social Psychology 55(5):489-497, 1963.

37. _____., et. al., A Flexible Casting Brim Technique for Above-Knee Total-Contact Socket (New York: Prosthetics and Orthotics Education, New York University Post-Graduate Medical School, 1964).

38. _____., Kay, H.W., "The Acceptability of a Functional-Cosmetic Artificial Hand for Young Children" (New York: Research Division, School of Engineering and Science, New York University, 1964).

39. _____., et. al., "Evaluation of Developer's Fitting American Institute for Prosthetic Research Pneumatic Prosthetic System" (New York: Research Division, School of Engineering and Science, New York University, 1964).

40. _____., Kay, H. W., "Acceptability of a Functional Cosmetic Artificial Hand for Young Children." Orthopedic and Prosthetic Appliance Journal, 18:(3): 29-35, March 1964. Artificial Limbs, Spring and Fall, 1964, Vol. 8, Nos. 1 and 2, pp. 28-43, 15-27.

41. _____., "Evaluation of Prosthetic and Orthotic Devices, Summary of the Workshop on Testing & Evaluation of Surgical Devices," (Washington, D. C.: National Academy of Science, National Research Council, May 1964.

42. _____., Kay, H. W., "The Muenster-Type Below Elbow Socket, and Evaluation," Artificial Limbs, 8:(2)4-14, Fall 1964.

43. _____., Taft, C.B., "Prosthetic Fitting of Children Amputated for Malignancy" (New York: Research Division, School of Engineering & Science, New York University, 1965).

44. _____., Kay, H.W., Burtch, R.L., "Nomenclature for Congenital Skeletal Limb Deficiencies, a Revision of the Frantz and O'Rahilly Classification," Artificial Limbs, 10:(1) 24-35, Spring 1966.

45. _____.,"The Prosthesis Evaluation Scale", (New York: School of Engineering & Science, New York University, June 1966).

46. _____., Kay, H.W., "1018 Children with Skeletal Limb Deficiencies," (New York: Prosthetics & Orthotics, Post-Graduate Medical School, New York University, March 1967).

47. _____., Finley, F.R., and Appoldt, N.V., The Effect of Relative Positions of Mechanical and Anatomic Ankle Axes, (New York: Research Division, School of Engineering and Science, New York University, March 1966).

48. _____., Finley, F.R , and Appoldt, N.V., Effect of Short Leg Braces on Standing Stability, (New York: Research Division, School of Engineering and Science, New York University, March 1966).

49. _____., Kay, H.W., Cody, K.A., and Kramer, H.E., Total Contact Above-Knee Sockets Studies, (New York: Research Division, School of Engineering and Science, New York University, June 1966).

50. _____., and Vorchheimer, H., Summary of Fitting Experiences-Ischial Weight Bearing Cuff, (New York: Prosthetic and Orthotic Studies, New York University Post-Graduate Medical School, Sept. 1966).

51. _____., Finley, F.R., and Appoldt, N.V., The Effect of Posterior Ankle Stops on Knee Stability During Early Stance, (New York: Research Division, School of Engineering and Science, New York University, December 1966).

52. _____., Gorton, A., et. al., Laboratory Field Studies - Dorrance and USAMBRL Hands, (New York: Prosthetic and Orthotic Studies, New York University Post-Graduate Medical School, Jan. and Apr. 1967).

53. _____., Taft, C.B., Grille, T., and Gorton, A., Evaluation of the Michigan Electric Feeder Arm, (New York: Prosthetics and Orthotics, New York University Post-Graduate Medical School, December 1967)

54. _____., Lipskin, R., and Grille, T., The Development of the NYU Transparent Socket Fabrication Technique, (New York: Prosthetics and Orthotics, New York University Post-Graduate Medical School, Nov. 1968).

55. _____., and Taft, C.B., Radiographic Evaluation of Stump-Socket Fit, (New York: Prosthetics and Orthotics, New York University Post-Graduate Medical School, Nov. 1968).

57. _____., Behavioral and Psychological Reactions of Juvenile Amputees. Limb Development and Deformity, ed. [illegible] C.C. (Illinois: Chas. C. Thomas, 1969). Ch. [illegible]

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58. _____., Dolan, C.M.E., Mereday, C., and Hartmann, G., "Evaluation of the NYU Insert Brace, (New York: Prosthetics and Orthotics, New York University Post-Graduate Medical School, July 1969).

59. _____., Mereday, C., Dolan, C.M.E., and Lusskin, R., Evaluation of the UCBL Shoe Insert in "Flexible" Pes Planus, (New York: Prosthetics and Orthotics, New York University Post-Graduate Medical School, Sept. 1969).

60. _____., Weiss, S.A., and Krause, F., "Symbolic Impulsivity, The Bender-Gestalt Test and Prosthetic Adjustment in Amputees," Archives of Physical Medicine and Rehabilitation, 51:152-158, March 1970.

FELIX SHIFFMAN, M.D., F.A.C.S.
103 CENTRAL PARK WEST
NEW YORK, N. Y. 10023

September 19, 1972

To whom it may concern:

This is to confirm I examined Mr. Alfonso Bruschi on 9/12/70 for a fluctuating right hearing loss and a total hearing loss on the left and inability to function because of recurrent bouts of vertigo.

Mr. Bruschi had a previous Labyrinthectomy, however bithermal calorics with bithermal electonystagmography revealed considerable vestibular function on the left side.

A repeat Labyrinthectomy is recommended.

Sinceraly,

FS/jc

Felix Shiffman, M.D.

Exhibit 22

J. ORMOND FROST, M. D., F. A. C. S.
NEW YORK UNIVERSITY MEDICAL CENTER
550 FIRST AVENUE
OTOLARYNGOLOGY
FACULTY PRACTICE OFFICES
ORegon 9-3200
EXT. 3238

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September 22, 1972

To whom it may concern:

I first examined Mr. Alfonso Bruschi on April 22, 1972, when he complained of recurring attacks of vertigo over the previous seven years associated with severe tinnitus. He has had a gradually progressive hearing loss in the left ear. He had an operation on that ear in 1969 for this dizziness, but he continued to get attacks afterwards.

Examination showed normal physical findings in the ear, nose and throat areas.

The tests of vestibular function showed spontaneous nystagmus to the right and no response on either side to either warm or cold water.

The hearing test showed no response at any frequency in the left ear and a moderately severe sensorineural hearing loss in the right ear with a slight conductive overlay. Discrimination score in the right ear at 110 db was 88%.

My diagnosis at the time was that Mr. Bruschi had Meniere's disease bilateral. He also was status post-operation on the left ear for this condition. I treated him with various medications during this time, including Arlidin, and referred him to the League for the Hard of Hearing for lip reading instruction and recommended a hearing aid evaluation.

Over a one year period of time, his hearing further deteriorated. I have not seen him since April 7, 1971.

Sincerely,

J. Ormond Frost, M.D.

JOF:emn

Exhibit 23

NEW YORK MEDICAL COLLEGE
FIFTH AND FIFTH AVENUE HOSPITALS

DISCHARGE SUMMARY

Patient Name: ALFONSO GRISALES

Hospital No.: 7215663

ADMITTED: 11/13/72

DISCHARGED: 11/24/72

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BEST COPY OBTAINABLE

HISTORY: A five-year history of diminished hearing and tinnitus on the left, and accompanied by attacks characterized by a feeling of dizziness, queeziness in the stomach and cardiac palpatations, and followed by a feeling of general unsteadiness. Labyrinthectomy in Veterans Hospital, 1969; repeat labyrinthectomy by Dr. Shiffman in October, 1972. Long history of repeated studies in Los Angeles and Lenox Hill Hospital for these/related complaints. The patient is known to have a positive serology for more than ten years, and it has been repeatedly treated with Penicillin and other antibiotics. The patient denies any clinical manifestations of the disease. Lumbar punctures on admissions to other hospitals is said to show elevated protein.

PHYSICAL EXAMINATION: Markedly diminished hearing on the left. The patient is neurologically negative.

LABORATORY EXAMINATIONS: Initial urinalysis: normal. Initial hemogram showed a normal white count but unaccountable hemoglobin of 7.8. Repeat hemogram showed the same white count with a hemoglobin of 15, normal. Repeated once again, five days later, was the same as the second study. Blood chemistries: normal, including SMA-6 and SMA-12. Prothrombin: normal. Spinal fluid examinations: no cells. Protein at 59.6. Normal glucose and chlorides. Spinal fluid wasserman: negative. Colloidal golds: curve flat.

Blood serology: VDRL reactive. Reiter P.C.F.: weakly reactive. Quantitative Wasserman: positive. FTA: reactive. Electrocardiogram: normal on two occasions. Electroencephalogram: normal.

X-RAY EXAMINATIONS: Skull and mastoids: haziness consistent with chronic mastoiditis on the left. Tomograms of the petrous pyramids: same. Destruction of middle ear structures on the left, as well as large lucency superior to the internal auditory canal.

OPERATION: None.

PATHOLOGY: None.

COURSE IN HOSPITAL: This patient represents an unresolved diagnostic problem. The element of dizziness attacks and subsequent unsteadiness vaguely suggest Menière's disease, and this combined with the tinnitus and diminished hearing in the left ear caused him to have a labyrinthectomy on that side without avail. This was repeated, and probably accounts for the radio lucency above the auditory canal on that side, as well as the indistinctness of the middle ear structures, i. e. they are all post-surgical. At the time of the second operation by Dr. Shiffman, there was a large flow of spinal fluid presumably from the internal auditory canal or thereabouts, strongly militating against an acoustic neuroma in his opinion. The labyrinth is now said to be dead on that side, but the dizziness persist. The possibility of a fistle formation of the vestibule has been considered by Dr. Brodie and by Dr. House's group on the West Coast. And the possibility of a vestibular nerve section was brought up. Dr. Brodie

Exhibit

at least preferred to treat him once again for lues as an at least preliminary measure. Our discussions with Dr. Mandel, of our Department of Dermatology, led us to believe that he had already been over-treated for Syphilis and that the positive serology is a permanent condition. It does not suggest active disease. Dr. Mandel referred Mr. Bruschi to Dr. Raif.

The possibility of some sort of seizures, psychomotor or possibly involving the lower cranial nerves, was considered. The single EEG was normal, and the patient would not submit to having an EEG with sleep induction by drugs. The patient had one or two attacks while in the hospital observed by the House Staff, while the patient was quite agitated. There was no impressive change in vital signs or in an electrocardiogram done shortly thereafter. Most of the time however, the patient was relatively asymptomatic, and never showed nystagmus with or without symptoms. In view of the vagueness of the complaints, it was not justified to pursue the diagnostic studies any further at this point.

DISCHARGE DIAGNOSIS: Old treated lues
Status post labyrinthectomy

ITION ON DISCHARGE: Unchanged.

A. B. Rothballer, M. D.

CC: Dr. Shiffman

BEST COPY OBTAINABLE

OTOLOGIC MEDICAL GROUP, INC.
EAR AND RELATED STRUCTURES

2122 WEST THIRD STREET
(AT THIRD AND ALVARADO)
LOS ANGELES, CALIFORNIA 90057
TELEPHONE (213) 483-9930

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OTOLOGY
HOWARD P. HOUSE, M.D.
WILLIAM F. HOUSE, M.D.
JAMES L. SHEEHY, M.D.
FRED H. LINTHICUM, JR., M.D.
JAMES A. CRABTREE, M.D.
W. HUGH POWERS, M.D.
B. HILL BRITTON, M.D.
JACK L. PULEC, M.D.
DERALD E. BRACKMANN, M.D.
MALCOLM D. GRAHAM, M.D.

AUDIOLOGY
E.W. JOHNSON, Ph.D.
RICHARD L. HUGHES, Ph.D.
WELDON A. SELTERS, M.A.
DELBERT H. STRASSER, M.A.
JOHN B. DURST, M.A.
J. CLINTON HARRIS, M.S.

ADMINISTRATOR
W.M. BARTHELMER

November 29, 1972

Mr. Alfonso F. Bruschi
335 East 94th Street, Apt. 3
New York, N. Y. 10028

Dear Mr. Bruschi:

Thank you for your notes of September and November. I have recently been out of town which accounts for the delay in my answer.

I was surprised in your request for information since, at the time of your visit to the Otologic Medical Group, you did not stay for the recommended examinations so that the only information I have is that which I obtained on the one time of your visit on August 31, 1972.

At that time, you told me that you had left Meniere's disease which began in 1963 with hearing loss, tinnitus and episodic vertigo. You had an endaural labyrinthectomy done in 1969 at the New York City Veterans Administration Hospital. Since that time you have continued to have dizziness and instability as well as some fluctuation of hearing on the right side. You smoked one package of cigarets daily. In order to complete your examination, I had recommended that you have an electronystagmogram, petrous pyramid X-rays, five-hour glucose tolerance test, thyroid studies, FTA-ABS test as well as hearing tests.

Since the time of your visit, records from the Serra Memorial Hospital indicated that you had a positive FTA and VDRL indicating a diagnosis of syphilis. Dr. Kenneth Brookler at the Lenox Hill Hospital in New York City likewise found that you had a positive FTA-ABS test as well as an abnormal glucose tolerance test.

Exhibit 25

25

In cases of this type, the usual cause of the dizziness, hearing loss and progressive deterioration of both ears is from acquired or congenital syphilis. Our treatment for such a case is one week of Penicillin, 20,000,000 units intravenously each day, and the long-term prolonged administration of Prednisone. It is also possible that a more thoroughly destructive surgery to remove the residual vestibular function in the left ear would be indicated in order to obtain complete relief of vertigo.

Since you have not completed your examinations nor treatment with our Group or with Dr. Brookler, I would strongly suggest that you do so in order to establish a firm diagnosis and institute the treatment necessary in order to prevent progressive deterioration of hearing.

Sincerely yours,

Jack L. Pulec, M.D.

Jack L. Pulec, M. D.
Otologic Medical Group, Inc.

JLP:gi

cc: Veterans Administration Hospital, Sepulveda, California
Kenneth H. Brookler, M. D.
Hershell L. Kaufman, M. D.

1. Physician's Name SHIFFMAN (Last) Felix (First) A.do

181

2. Address 25 Central Park W.

New York, N.Y. 10023

3. AMA Membership: ☐ Yes ☐ No

4. Year of Birth (B): 1925

5. Medical Education (ME): State: Israel

School: The Hebrew University-Hadassah Medical School, Jerusalem

Year of Degree: 1954

6. Year of License (L): 1959

7. National Board (NB): ☐ Yes ☐ No

Year:

8. American Specialty Boards (AB): 45

9. Medical Specialties: Otolaryngolgy

10. Type of Practice (TOP): Full-time specialty

11. National Scientific Medical Societies: (SS) American Academy of Ophthalmology and Otolaryngology

American College of Surgeons

12. Professorial Appointments (PA): State:

School:

13. Other Information: also at : 103 Central Park West, New York City

rces of Information: American Medical Directory
Edition: 25th Page: 2838

Exhibit 26
Read during Tes

es:

PROFESSIONAL QUALIFICATIONS

1. Physician's Name: Frost (Last) James (First) Ormond (Middle) 182

[redacted]

2. Year of Birth (B): 1927

4. Medical Education (ME): State: Ireland

School: National University of Ireland

Year of Degree: 1952

5. Year of License (L): 1959

6. American Specialty Boards (AB): American Board of Otolaryngology

7. Medical Specialties: Otolaryngology

8. Type of Practice (TOP): Fulltime specialty practice

9. National Scientific Medical Societies (SS): American Academy of Ophthalmology and Otolaryngology

American College of Surgeons

American Medical Association

10. Professorial Appointments (PA): State: New York University School of Medicine

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year: 1969, Edition: 25th Page: 2790

Other Sources:

Exhibit 37
Rcd During Hrg.

FORM HA-526
(5-71)

Standard Form 504
Rev. August 1964
Bureau of the Budget
Circular A-22

GAO—16—70830-1 GPO 1967 —266-837

CLINICAL RECORD | HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

183

Epigastric pressure and pain

BEST COPY OBTAINABLE

HISTORY OF PRESENT ILLNESSES

This patient has had intermittent
sxs of ulcer disease back to
1963; consisting of epigastric pain, dyspepsia
burning and LOC pressure which comes
on post prandially; allegedly, after eating
meal. Pt denies Nausea, vomiting, hematemesis,
weight loss, excess salivation, dysphagia.
This always been considered ulcer for the
past 5 yrs.

c/c has associations associated with his
dyspepsia but no flatulence Also describes
dizziness and palpitations" Took place in

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

BRUCHI ALFONSO F
115-01-7603
3-23-20 PROT

12 EXHIBIT Exhibit AC-1

EXHIBIT AC-1

after a meal but not connected by related with the pain

On ferrous his pain symptom me- bowel if he has them ; relieved by defecation- Sporadic.

This pt has had at least 3 hospitalizations for his sx's. 1963 - St Clare in Boonton NJ "Mental trouble"
1965 - Stone, 5th Ave "Nervous"
1968 - Mech Hts Sept - "A nervous"

Delays by private MD - Radiology have shown barium meals on at least 2 occasions. Since Sept his symptoms have gotten worse and he has not worked. has seen by private MD who suggested hospitalization for radiography. Supported mostly by wife's.

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EXHIBIT AC-1
page 2 of 4

CLINICAL RECORD — PHYSICAL EXAMINATION

DATE OF EXAM.	HEIGHT	WEIGHT AVERAGE	WEIGHT MAXIMUM	WEIGHT PRESENT	TEMPERATURE	PULSE	BLOOD PRESSURE

INSTRUCTIONS -- Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

1) well developed well nourished [illegible]
no distress

2) Head: normocephalic
neck: supple Trachea in midline [illegible]
not felt

3) Eyes: sclera + conjunctivae normal + clear
Pupils: round - equal, reactive normal accom
bilaterally

4) Ears: Pinnae with cerumen

5) nose: mucosa pink + moist turbinates well
hydrated

6) mouth: mucosa pink + moist tongue midline

7) throat: moist

8) teeth: normal, good

9) Chest: normal in contour + symmetry

10) Lungs: clear to A+P

11) C.V.S: pulses

BP	128/74	110/70	120/70	130/80	120/70
HR	64	72	68	72	72

9/28/71 [illegible]

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle, grade, date, hospital or medical facility)
[illegible] 7603
3-23-20 PRES

REGISTER NO | WARD NO.

[illegible] OF NY 12 b

PHYSICAL EXAMINATION
Standard Form 506

EXHIBIT [illegible]

PHYSICAL EXAMINATION

186

...ng hyp ... gut [illegible]
Heart sounds WNL no (M)

12) Abdomen soft non tender no organomegaly

13) Extremities neg. bilaterally

14) Genitalia WNL

15) Rectum: no mass or tenderness. no stool obtained

16) Prostate no enlargement

17) Back: WNL

BEST COPY OBTAINABLE

18) Extremities WNL no cyanosis or clubbing

19) Neurological: Rhomberg (+) Babinski (-) bilaterally

Cranial nerves II-XII } grossly intact
Tx - XII }

total deficits on left side

20) varicose all over trunk

21) No lymphadenopathy

INITIAL IMPRESSION

EXHIBIT HC 1
[illegible] 4/5/11

SIGNATURE OF PHYSICIAN

CLINICAL RECORD	CONSULTATION SHEET	287

REQUEST

TO: C & T

FROM: (Requesting ward, unit, or activity)

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

BEST COPY OBTAINABLE

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

9/4/69 Pt. seen in the absence of liver studies today, pt rescheduled at 10:30 AM Friday 9/12/69.

Please set pt & old chart - wheel chair because of vertigo upon Ambulation.

9/12/69 Pt. seen today, in conclusion Calcium test - 9.2 mg Water Load test - 1½ hour negative. Imp. Labyrinthitis - Chronic Plan. RTC (Ward 9/17)

(Continued on reverse side)

SIGNATURE AND TITLE | DATE | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name, last, first, middle grade, date, hospital or medical facility)

REGISTER NO. | WARD NO.

REISCHL, ALFRED F.
[illegible] 7603
7-23-20 [illegible]

CONSULTATION SHEET
Standard Form 513

EXHIBIT A

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES (Sign all notes) 188

DATE

9/13/67 Hollander's test done 3 days ago. As the blood sugar did not go down ~~XXR~~ below + 80 mgm % "2 units" of reg insulin — this test is to be repeated. Scheduled for 9/15/67.

E. Lissac

9/16/67 → Hollander's test repeated → Cut No 5 fat blood Sugar was available in this hospital 30 & 45 Mins Sample Not Given for waiting of the blood sugar report. 60 Mins Sample Given ~~As the hours of test Sugar~~ available. Blood

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle - grade - date, hospital or medical facility)

BRUSCHI, ALFONSO F.
115-01-7603
3-23-20 P/PRLS

REGISTER NO | WARD NO

16 DOCTOR'S PROGRESS NOTES
Standard Form 509

EXHIBIT

Standard Form 516
Rev. August 1964
Bureau of the Budget
Circular A-34

Dd 10/24 ... 10/25/69

GPO 16 - 77459 - 1

CLINICAL RECORD | **OPERATION REPORT** | 189

PREOPERATIVE DIAGNOSIS

Chronic sialoadenitis of the left submandibular gland

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
Dr. Calcaterra	Dr. Ho	Dr. Hata / Dr. Kuo	
ANESTHETIST	**ANESTHETIC**		**TIME BEGAN**
Dr. Datner	General		**TIME ENDED**
SURGICAL NURSE	**INSTRUMENT NURSE**	**TIME OPERATION BEGAN**	**TIME OPERATION COMPLETED**
Mrs. Mc Gilvery/Mrs. Wood	Mrs. Fox	8:00 am	9:00 am
OPERATIVE DIAGNOSES	**DRAINS (Kind and Number)**		**SPONGE COUNT VERIFIED**

Chronic sialoadenitis of the left submandibular gland

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

Submandibular gland

OPERATION PERFORMED

Excision of left submandibular gland

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) | **MAJOR** | **MINOR** | **DATE OF OPERATION**

COMPLICATIONS: None
POSTOPERATIVE CONDITION: Good

		10/24/69
x		

PROCEDURE: Patient was put to sleep with general anesthesia. Patient was prepped and draped in the usual manner. A 5 cm horizontal incision was made 2 fingerbreadths below the mandible. The incision was carried down through the Platysma muscle and through the cervical fascia. This flap was then elevated inferiorly and superiorly exposing the gland. The facial vessels were identified and clamped. Care was taken to avoid the marginal mandibular nerve. The submandibular gland was then dissected free from the surrounding tissues. The dissection was finally ended on the submandibular duct, which was clamped, cut and tied.

A Penrose drain was placed in the wound and the Platysma muscle was approximated with 3-0 chromic. Skin was closed with 4-0 silk.

SIGNATURE OF SURGEON

VICTOR CALCATERRA, MD — Calcaterra

DATE 10-28-69

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle, grade, date, hospital or medical facility)

BRUSCHI, Alfonso F.
VAH, NY, NY 10010
jv

REGISTER NO. 115 01 7693

WARD NO. 9S

D 9

OPERATION REPORT
Standard Form 516
516-101

EXHIBIT AC-1
1209 7/6/71

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES (Sign all notes)

190

DATE	
10/21/69	Op note – Pre op – (L) Submandibular ~~gland~~ Post-op – Excision (L) Submandibular gland. Anesth – gen. Surgeon – Calcaterra, Malz, Cloat
10/31/69	Oral Surgery Note: Sutures # 3-0 silk removed P.F. Hampt
11/19	PT w/ hx of hearing x 6 yrs – documented conductive w frequent episodes of vert in walking pt unable to work on audiogram has no cochlear function AS Caloric – hypoactive AS x-RAY int and mastoid – normal Plan Can't have high p. therapy

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name, last, first, middle, grade, date, hospital or medical facility) | REGISTER NO | WARD NO.

10 23 69 DOCTOR'S PROGRESS NOTES Standard Form 509

BRUSCHI, ALFONSO F.
115-01-7603
3-23-20 P/PRES

EXHIBIT AC-1
Rec'd 8-1-75

Standard Form 516
Rev. August 1954
Bureau of the Budget
(Circular A-32)

DT 12/2?/69

CLINICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS

Meniere's disease.

191

SURGEON: & Dr. Matz	FIRST ASSISTANT: Dr. Ho	SECOND ASSISTANT: Dr. Kwok	
ANESTHETIST: Dr. Jalali	ANESTHETIC: General	TIME BEGAN: 8:45 AM	TIME ENDED:
SURGICAL NURSE: Miss Ruiz	INSTRUMENT NURSE: Mrs. Osborne	TIME OPERATION BEGAN: 9:21 AM	TIME OPERATION COMPLETED: 12:05 AM
OPERATIVE DIAGNOSES	DRAINS (Kind and number)		SPONGE COUNT VERIFIED

Meniere's disease.

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

None.

OPERATION PERFORMED

Left labyrinthectomy.

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.) | MAJOR | MINOR | DATE OF OPERATION: 11/21/69

OPERATIVE COMPLICATIONS: None.
POSTOPERATIVE CONDITION: Good.

PROCEDURE: Under general hypertensive endotracheal anesthesia the patient's left ear was prepared and draped in the usual fashion. A left postauricular incision was made. This was carried down in depth to the mastoid process. The soft tissues and periosteum were then retracted off the mastoid process. Using a large round burr bone removal was begun in the cribriform area. Bone removal was continued down in depth until the antrum was entered. The mastoid cavity was then opened widely. Bone removal was carried anteriorly to unroof the area of the attic. Using the microscope the horizontal thin circular canal was identified. Using a small round burr bone removal was begun on the prominence of this horizontal canal until the membranous canal could be seen. The membranous canal labyrinth was then removed using blunt hooks and suction. The bony canal was then sealed over with bone wax. The mastoid cavity was then packed with gelfoam. The postauricular incision was then closed using interrupted 3-0 silk sutures. Patient tolerated the procedure well and left the OR in good condition.

SIGNATURE OF SURGEON: M. MATZ M.D. | DATE: 12/22/69

PATIENT'S IDENTIFICATION (For typed or written entries give Name: last, first, middle; grade; date; hospital or medical facility)

BRUSCHI, Alfonso F.
VAH NY 10 NY

1629/cp

REGISTER NO. 115 01 7603 | WARD NO. 9S

OPERATION REPORT
Standard Form 516
516-104

EXHIBIT AC-1
pgs 1 to 1/41

DOCTOR'S PROGRESS NOTES
(Sign all notes)

192

DATE

CR 4:t

11/20 Cardiothoracic Surgery Clinic (Cardiac & Thoracic) - Consult -

Stephen Ward, M.D. F.A.C.S.

Consultation

Jan 8 '71

Dyspnea treated by diuresis. Seen by Chest surgery who does not think any surgery is indicated. They suggest repeat Echo + Chest Xray Consult

Sincerely

Jan 13

Operative decision to transfer to Chest Surgery

EXHIBIT A-1

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE	
	(illegible)
2/13/20	(illegible)

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EXHIBIT AC 1
Jay 11-14-22

Standard Form 506
Revised August 1954
Bureau of the Budget
Circular A-32 (Rev.)

194

CLINICAL RECORD		PHYSICAL EXAMINATION					
DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT	97	90	120/70

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

1 WD/WN W ♂ who sits up to relieve pain
Pt. has worried look on his face
Mental state clear

2. NC/AT TMC, Chgs Nl, NVND
Carotids 3+

3 PERLA, c/s wnl, EOM intact
Fundi benign

4 TM's benign

6 7 Tongue coated Throat - tonsillar exudate on (R)

8. Good

9 Symmetrical

10. Clear to P+A

11. RM1 ECICS MCC & MRonG

12 Soft, non distended. Tenderness
No mass. Bowel sounds Nl

13 C

14 NL ♂

15 Tonsured. Stool Neg

16 Smooth

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle, grade, date, hospital or medical facility)	REGISTER NO.	WARD NO.
BRUSCHI, ALFONSO F. 15 01-7003		

PHYSICAL EXAMINATION
Standard Form 506
506 104

EXHIBIT AC-1
pg 1 of 4 +

PHYSICAL EXAMINATION

17 ō CVA tenderness

18. ō CCCNE, Pulses 2+

19 Cranial Nerves - Complete Nerve deficit on (L)
partial nerve deficit on (R)

Motor - Strength

Sens - intact to touch + vibration

Coord - ō tremor or ataxia

Babinski ↓↓ DTR (1+) 3 3 3

20 Moist - ō lesions

21 ō adenopathy

Impr
1. Hiatus Hernia
R/o peptic esophagitis
2. R/o peptic ulcer ? perforation
R/o pancreatitis
3. R/o pheochromocytoma
4. S/p ~~transplant~~ PTP, vasectomy
+ H-H repair
5. S/p (L) Cardiorrhectomy
R/o Meniere's
6.

INITIAL IMPRESSION

SIGNATURE OF PHYSICIAN

EXHIBIT AC-1

U.S. GOVERNMENT PRINTING OFFICE 1980 O - 316-865

Standard Form 509
(Rev. August 1957)
Bureau of the Budget
Circular A-67

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES** (Sign all notes) 196

DATE

5/28/70 Admitting note

49 y/o w/m was admitted c/o upper abd. pain for 3 wks, increasing in intensity gradually.

Pt reveals that pt has been complaining of pain in upper abd. for yrs & finally cholecystectomy for stones, repair of small hiatal hernia, Vagotomy and Pyloroplasty done in Feb 1969 & subsequently he continues to have several episodes of pain in the epigastrium & admitted several times here & the hosp. & states that he was told of recurrence of hiatal hernia by GI Group. Has been discharged twice by thought of Psychoneurosis & Pain on the psychiatric basis. Pt also developed Meniere's syndrome for which he has Labyrinthectomy.

This time Pt states has been suffering from upper epigastric pain increasing day by day & PC & lying down/sneeze, not vomit. NL B.M. no heart burn. Also mentions about having tarry stool for 2 days 3 days PTA which stopped.

On PE. 49 y/o w/m c/o [illegible] BP 120/70 Temp afebrile gen. A, Resp [illegible] writing

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name, last, first, middle, grade, date, hospital or medical facility) | REGISTER NO. | WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509
SDU-106

EXHIBIT AC-1
[illegible]

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES (Sign all notes)

DATE

197

29 May 70 Attending Nel

49 yo WM with long history of bleeding gastric ulcer who reports that he has a hiatal hernia, peptic esophagitis & stricture & was told he had a bleeding ulcer & hiatal hernia ~~repaired~~ fundoplasty & vagotomy. Despite this he has had severe pain which has been worse recently. It is most likely to be due to gastritis & hiatal hernia esophagitis and possibly peptic ulcer disease. He is thought going to be a very difficult to treat & possibly a psychotherapy & Librium should be ordered & to therapy.

Signature

5/29 Pt. has some vomiting which responds to Compazine. Pain is responding to placebo. GI group consulted & they did not feel endoscopy was indicated

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name, last, first, middle, grade, date, hospital or medical facility)

[redacted] BRUSCH, ALFONSO F.

REGISTER NO | WARD NO

Study above note

DOCTOR'S PROGRESS NOTES
Standard Form 509

EXHIBIT AC-1
1 Dec 75 4/5

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

198

5/27 To-48 - Pt. has been vomiting all day. X-ray of A&D - showed air fluid levels + dilated small bowel. Bowel sounds which were quite active yesterday were absent this PM
BUN = 31, N-142, K = 3.5, Cl 100
CO_2 = 28, WBC = 10,600,
A&D distended + tenderness
Splash Leand Some guarding +
+ tenderness No rigidity No rebound
Levine tube passed ~ 1000 cc
fluid removed has stomach contents
tube passed. Pt. drowsy, obtunded
Surgeon Notified MEPhe

U.S. GOVERNMENT PRINTING OFFICE

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

EXHIBIT AC-1
page 16 of 48

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES (Sign all notes)

DATE

199

5/30/70 Gen'l Surgery Consult —
12^00=MN 49 y/o WM 2 yrs post-op V & P c Hiatal Herniorrhaphy (Peptic Esophagitis) & Cholecystectomy: had done fairly well 'til ~ 3 wks ago when he 1st developed colicky peri-umbilical, non-radiating pain; last B.m. ~ 3 days ago — admits to some N & V past 36 hrs.
P.E. : T-100°
Gen'l - A WDWN middle-aged WM in mod. distress 2° abd. pain
Lungs - Clear to P & A
Abd - Soft, mod. distended; well healed upper mid-line surg. scar; hyper-active sounds c metallic tinkles & rushes; minimal diffuse tenderness & masses —
Rectal - ō masses; empty ampulla
Abd ? → x-Rays: numerous air-fluid levels & dilated loops of small bowel; air noted rectosigmoid
CBC, lytes as noted above; Amylase - 86

[Continue on reverse side]

PATIENT'S IDENTIFICATION (For typed or written entries give name, last, first, middle, grade, date, hospital or medical facility) | REGISTER NO. | WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509

EXHIBIT AC-1
pg 17 of 44

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

200

5/30 (cont.)

Imp: ① Post-Op V&P Hiatal Herniorraphy & Cholecystectomy
② Partial Small Bowel Obstruction 2° Adhesions &/or Bands per #1

Suggestions:
1) Cantor Tube, CVP line, Foley Cath.
2) 2000 cc D5NS ± 80 meq KCl } till 8 AM
500 cc Plasmanate
3) Keep urine > 30 cc/hr
4) Repeat Lytes, CBC, Abd ? → ± Pkgs @ 6 AM today (have on chart)
5) If no success ± Cantor Tube, Explor. Lap (strongest probability) this AM.

Will Follow,
P. Jost

EXHIBIT AC-1

Standard Form 539
Rev. August 1964
Bureau of the Budget Circular A-32

CLINICAL RECORD | **ABBREVIATED CLINICAL RECORD** 201

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

1 yr. PTA pt. had an aP+U for H-H. He was asymptomatic since that time until several mos PTA when he began feeling bloated a/f e. eating. Pt. Was admitted 1 mo PTA c Sx of distention & Vomiting. He was RX'd c long tube UGI - BE failed to demonstrate site of obstruction 2 days PTA pt. felt bloated again & started to vomit

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

P = 85 T° = 100, BP 120/80

HEENT - WNL

Chest - clear to P+A

CV - 11/VI SEM

Abd soft non tender, Non distended, Bowel sounds active

Rectal - s-f stool guiac neg

Ext - WNL

PROGRESS (Enter date of discharge and final diagnosis)

Chest X-Ray WNL Flat plate & upright. No evidence of obstruction

Pt. continued to have some discomfort but no obstruction. This may be 2° partial obstruction 2° adhesions. Pt. may have ruined 2° Meniere's Syndrome also-

560.9

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
Walter McPhee	6/30/70		

PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.	WARD NO.
	11N

M/S

[illegible] USCHI, ALFONSO
115-01-7603
3-23-20 P-PRES.
CODE 7/30

7/2/48

Date of Adm - 6/29/70
Date of Disc - 7/1/70

ABBREVIATED CLINICAL RECORD
Standard Form 539
11 549-101

Attending Dr. McPhee AtC

EXHIBIT A-1
Reg 16 IV+

DOCTOR'S ORDERS (Date and sign all orders)

W Fraser

202

1. OOB
2. TPR+BP q.i.d
3. Soft diet
4. SMA-12, Portion, Amylase, CBC, ~~Protein~~ Lytes
5. Fleets enema stat
8. Colace 100 mg PO TID
9. MOM 30 cc PO HS
10. Bed clothes supp PRN MGH

6/30 Librium 25 mg PO q.i.d
Mylanta 30 cc PO 1h. PC & HS
Compazine 5 mg PO q4h PRN
Dramamine 5 mg PO q.i.d

MGH

6/30 Discharge 7/1/70 PHCTO ENT clinic 2 wks

MGH

TEMPERATURE–PULSE–RESPIRATION						NURSE'S NOTES
DATE AND TIME	T	P	R	STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES Memories/Square

* U.S. GOVERNMENT PRINTING OFFICE : 1961 O—580368

EXHIBIT AC 1

Standard Form 516
Rev. August 1961
Bureau of the Budget
Circular A-32

CLINICAL RECORD | DD | OPERATION REPORT | DT 8-3-70 203

PREOPERATIVE DIAGNOSIS
Mid-epigastric incisional hernia

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
Dr. Sacks	Dr. Baxt		
ANESTHETIST Dr. Javaid / Dr. Bruknar	ANESTHETIC General with Innovar		TIME BEGAN 8:55 AM / TIME ENDED
SURGICAL NURSE Mrs. McGilvery/Mrs. Fields	INSTRUMENT NURSE Mr. Kato	TIME OPERATION BEGAN 9:10 AM	TIME OPERATION COMPLETED 10:10 AM

OPERATIVE DIAGNOSES
Mid-epigastric incisional hernia

DRAINS (Kind and number)

SPONGE COUNT VERIFIED
Correct

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION
None

OPERATION PERFORMED
Herniorrhaphy

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)

MAJOR	MINOR	DATE OF OPERATION
	X	7-23-70

OPERATIVE COMPLICATIONS: None
POSTOPERATIVE CONDITION: Good

PROCEDURE: The patient was prepped and draped in the usual sterile manner. Starting one cm. below the xiphoid process, two parallel incisions approximately 25 cm. apart were made and carried down about 12 cm. and then joined. The skin between the two incisions containing the old scar was then excised by sharp dissection. The incision was carried down through subcutaneous tissue to the aponeurosis of the rectus sheath. A small midline defect measuring approximately 3X3 cm. was noted in the midline of the rectus sheath. A second smaller defect was found just to the right of the first one separated by a small fibrous band; fascia and old scar tissue covering the defects were then dissected away with Metzenbaum scissors and several synthetic sutures from the previous surgery were noted and removed. A hernial sac was found protruding from the larger defect. This was dissected free of its overlying fascia down the periphery of the defect. In the course of cleaning the sac, the sac was opened and a small amount of omentum was seen to be protruding through the defect. Then by finger dissection underlying bowel and adhesions were dissected away from the anterior abdominal wall to a circumference of about three cm. from the defect on all sides. The fibrous band connecting the two hernial defects was then ligated. The defect was then sutured

SIGNATURE OF SURGEON
EUGENE SACKS M.D.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle, grade, date, hospital or medical facility)
BRUSCHI, Alfonso F.
VAH, NY, NY 10010
gu

REGISTER NO. 115-01-2603

WARD NO. 8/3/70

OPERATION REPORT
Standard Form 516
516-104

EXHIBIT AC-1

Standard Form 509
(Rev. August 1954)
Bureau of the Budget
Circular A-32

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES** (Sign all notes) 204

DATE

BEST COPY OBTAINABLE

8/3/72 Short Note.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, date; hospital or medical facility) | REGISTER NO. | WARD NO.

-11-7603
-27-20 PRESB

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

EXHIBIT AC-1

DOCTOR'S PROGRESS NOTES 205
(Sign all notes)

DATE

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GPO 648—16—70478-1 257-188

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

EXHIBIT AC-1

CLINICAL RECORD	WEIGHT CHART

DIAGNOSIS

Hot Potato Reaction

206

YEAR	MONTH	DAY
70	8	3
	5	3

POUNDS

19 5
19 0
18 5
18 0
17 5
17 0
16 5
16 0
15 5
15 0
14 5
14 0

AGE AND HEIGHT

DATE OF BIRTH	HEIGHT
3-23-20	5 FT 7 IN

WEIGHT

UPON ADMISSION	AT DISCHARGE	GAIN	LOSS	MINIMUM	MAXIMUM	NORMAL
159 LBS	LBS	LBS	LBS	LBS	LBS	LBS

PATIENT'S NAME, IDENT. NO., WARD NO., DATE, NAME OF STATION

REMARKS

[illegible] 50 F
[illegible]
7-23-20 PRES

WEIGHT CHART

VA FORM APR 1961 10-2614f

EXISTING STOCK OF VA FORM 10-2614f FEB 1962, WILL BE USED

U.S. GOVERNMENT PRINTING OFFICE: 1967 O - 255-188 (82)

AC - 1

Standard Form 509
(Rev. August 1954)
Bureau of the Budget
Circular A-32

CLINICAL RECORD | **DOCTOR'S PROGRESS NOTES** (Sign all notes)

BEST COPY OBTAINABLE

DATE

8/3/70 [illegible]

8/17/70 To be referred to RD for HBE.
Would like a daily overnight passes in preparation for subsequent discharge if he handles himself satisfactorily.
Good chances of getting the job — here (clinical job) — for Admission room — can possibly start as soon as released from the hospital.
Feeling much better, less episodes of palpitations, less anxious. Lizzy Spelk

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

[illegible] 7603 [illegible] PRESB

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

EXHIBIT AC-1

DOCTOR'S PROGRESS NOTES
(Sign all notes)

209

DATE	
	secondary to Meniere's Syn. amenable to use of dramamine gr ½ q.d. — Social adjustment not difficult for patient.
	Rodgers
8/18/70	
	C/C unsteadiness on walking, vision fuzzy
	BUN - 7/21/70 — normal / 13 Mg % /
	Urinalysis 7/21/70 - trace of alb. otherwise
	not remarkable.
	Pt in need for repeat. It was explained
	that pt in Antidepressant would develop warning
	reaction from reduction in weight, etc. Pt
	understood.
	Patient has made satisfactory progress
	since admitted — has felt very pleased at
	special palpitation - would like to be
	discharged soon in order to facilitate application
	for hearing aid - also to attend to the
	business affairs pertaining to her husband
	estate.
	Physician

BEST COPY OBTAINABLE

EXHIBIT AC-1

GPO 668—13 79478-1 387-168

DOCTOR'S PROGRESS NOTE
Standard Form 510
(Revised)

Standard Form 506
Revised August 1954
Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD	PHYSICAL EXAMINATION	209

DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
9 Nov 76					99	90	140/80

INSTRUCTIONS.- Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

(1) WD, WN WM in no acute distress. Extremely
- anxious
(2) -> (8) HEENT neg PENICIT
TM intact decay
teeth in poor repair

(9, 10) Chest clear to P + A

(11) Heart RSR, no lift, thrill, heaves,
or gallop.

(12) abd: well healed vertical scar, soft, nontender
no organomegaly, BS nl

(13) hernia 0

(14) genitalia nl ♂

(15, 16) rectal: nl; prostate not enlarged

(17) back: nl

(18) extrem nl

(19) neuro: very anxious + depressed
mental status intact
sensory motor ♾ nl
CN II-XII grossly intact
DTR's 2+ symmetrical

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER NO	WARD NO.
[illegible]		

PHYSICAL EXAMINATION
Standard Form 506
506-104

BEST COPY OBTAINABLE

EXHIBIT A-1

PHYSICAL EXAMINATION

(1) Skin: nodal erythema of face; alleviation of
(2) hypertrophy of

Impression:
(1) Late latent lues
(2) Anxiety reaction with depression

INITIAL IMPRESSION

SIGNATURE OF PHYSICIAN

EXHIBIT AC-1

10/28/58 0/4/58

Approved by Bureau of the Budget May 1965

CLINICAL RECORD	DOCTOR'S ORDERS	211

NOTE: Physician's signature must accompany each entry and/or any standing orders. Date and time for initiating and discontinuing the orders must be recorded.

DATE AND TIME WRITTEN	ORDERS (Another brand or generically equivalent product, identical in dosage form and amount of active ingredient(s), may be administered UNLESS checked)	NURSE'S SIGNATURE
11/9/70	① Dx: Lat latent fines	L. Tessmer
	② Admit SW	
	③ Regular diet	
	④ Full mod fluoresc.	
	⑤ CBC, ESR	
	⑥ ~~CS~~ U/A	
	⑦ VDRL and Kahnes with titres	
	⑧ Psychiatric consult "Patient develops palpitations, headaches & flushing, secondary to oral Tetracyclin, Erythromycin & placebo. Has ⊕ Serology & needs to be treated for this. We are treating him with IM Erythromycin. Please advise what we can tell him. He was on your service in Aug, 70 with similar symptoms & a diagnosis of Anxiety. Thank you V Camilla	
	⑨ Erythromycin 200 mgm IM bid (in buttocks)	L. Tessmer

PATIENT (Last Name) — FIRST MIDDLE — SOCIAL SECURITY IDENTIFICATION NO. — NAME OF STATION

V

CLINICAL RECORD
DOCTOR'S ORDERS
VA FORM MAY 1965 10-1158

EXHIBIT AC-1

CLINICAL RECORD	DOCTOR'S ORDERS	212

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for initiating and discontinuing the orders must be recorded.

DATE AND TIME WRITTEN	ORDERS (Another brand of a generically equivalent product, identical in dosage form and content of active ingredient(s), may be administered UNLESS checked)	NURSE'S SIGNATURE
	(10) Chloral hydrate 1 gm p.o. hs PRN ~~x 2 doses~~ (11) FTA blood test (12) Obtain ~~record~~ ~~of~~ ~~illness~~ from Flower-Fifth Avenue Hospital – 1963 admission Joel C Casella	
11/24/70	(1) Discharge tomorrow (2) To be followed in Pitt Derm wed 11/25/70 Joel C Casella	

EXHIBIT AC-1

Standard Form 509
(Rev. August 1954)
Bureau of the Budget
Circular A-52

CLINICAL RECORD	DOCTOR'S PROGRESS NOTES (Sign all notes)

DATE

213

11/14/70 Patient has no side effects from the Erythromycin ~~ssn~~. He is convinced that he is allergic to the capsules. Therefore he agree to taking ~~Erythromycin~~ Tetracycline liquid 125 mgm/5 cc (½ tablespoon tid x 3 wks)

To be followed in PHC Dem 11/25/70

Joe

11/13/70 The patient was admitted for IV. antibiotic therapy. Penicillin tests were positive. Therefore penicillin was eliminated from therapy. The medication designed to the injectable erythromycin and also to liquid erythromycin P. was to allergic(?) to the medicine of the capsule.

Initials

BEST COPY OBTAINABLE

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility)

REGISTER NO.

WARD NO.

VAH NY 14Y

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

EXHIBIT AC-1

Standard Form 504
Rev. August 1964
Bureau of the Budget
Circular A-37

CLINICAL RECORD	HISTORY—Part I

214

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

(+) VDRL + (+) Kolmer with reagin titers ? allergic reaction to Erythromycin, Tetracycline + Placebo, P.O.

HISTORY OF PRESENT ILLNESSES

This is the 6th MVA adm. of this 50 y/o WM who, on routine exam, was found to have a positive serology in July, 1970. He received Erythromycin 2gm/day PO for this + developed palpitations, flushing + headache + this was D/C'ed + he was admitted to MVA on 8/3/70 on the NP ward. Diagnosis of "anxiety reaction with depressive features" was made + he was discharged on 8/20/70 as "competent + considered capable of going back to work."

He was followed on the Dermatology PHC where titers for VDRL + Kolmer were recorded as:

	VDRL	Kolmer
7/21/70	4+ 1:2	4+ 1:4
8/14/70	4+ 1:4	4+ 1:8
9/3/70	4+ 1:16	4+ 1:16

His titers were rising. It was believed that this was due to inadequate treatment with Erythromycin. He was re-started on Erythromycin 2gm/day on 10/28/70 + developed palpitations, flushing + headaches.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name, last, first, middle, grade, date, hospital or medical facility)	REGISTER NO.	WARD NO.
[illegible]		

HISTORY—Part 1
Standard Form 504
504-105

EXHIBIT AC-1

The erythromycin was D/c'ed & the pt was started on Tetracycline & given penicillin & found to be allergic to penicillin. He was started on Tetracycline 2 gm/day p.o. & clinically showed palpitations, etc. On 11/6/62 he was D/c'ed off Tetracycline & started on p.o. placebo with similar side effects.

He was admitted here for treatment of late latent lues with an Erythromycin He was clear. He had a positive Serology since 1955 and he was admitted in 1963 to Folame. - Tetracycline & Heavy Metals & spinal tap was negative. In 1964 he was given a full course of Penicillin (Achromycin).

EXHIBIT AC-1
with 3 pages

Standard Form 504
Rev. August 1954
Bureau of the Budget
Circular A-12

CLINICAL RECORD | **HISTORY—Part I**

216

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

Pt. c/o MIDEPIGASTRIC PAIN of the STOMACH type and epigastric pain for 2 weeks

HISTORY OF PRESENT ILLNESSES

Pt. presented to this hosp in 1968 c/o mid epigastric pain & substernal burning 1 hour after eating & worse sitting up. UGI revealed H-H, GU stones. Esophagoscopy revealed reflux esophagitis. Cholecystectomy PTPT Vagectomy and reduction of H-H were performed & pt. had relief of SX.

Pt. was admitted again approx 1 yr later c/o dumping syndrome, and was relieved c/ small feedings.

Past 2 weeks pain has returned. Mid epigastric & radiating to xyphoid & around to

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name, last, first, middle, grade, date, hospital or medical facility) | REGISTER NO. | WARD NO.

HISTORY—Part I
Standard Form 504
504-105

CRUSCO, ALFONSO F.
[illegible]

EXHIBIT AC-1

34 of 44

mid back. Ford makes pain worse, + antacid do not relieve pain. Lying on (L) side helps + sitting up helps No N + V No diarrhea Pt. states he had dark BM 2 wks PTA pain wakes PT at night. Past days - no pain has been even worse

PMI

1. Ménière's syndrome c ~~Acoustic neuroma~~ Labyrinthectomy (L)
2. sialoadenitis
3. Pt has H/O flushing c palpitations and ↑ in BP. Pheochromocytoma was suspected by Urine V/M was Normal

These attacks have been rare - 2 in 6 mos both associated c GI complaints

BEST COPY OBTAINABLE

EXHIBIT AC-1
pg 350/4+

Standard Form 504
Rev. August 1954
Bureau of the Budget
Circular A-32

C03-16-79530-1 GPO 1957 -886-887

CLINICAL RECORD | **HISTORY—Part I**

NATURE AND DURATION OF COMPLAINTS (*Include circumstance of admission*)

218

C C — Dizziness, blackouts.
for several days.

HISTORY OF PRESENT ILLNESSES

5 years ago he had a similar episode of dizziness, blackouts and fell, of unknown cause for several days. It was then determined to possibly be in the left carotid supplied with atherosclerosis. He is getting three decided attacks a day off. since then. Has had nothing other than one episode in the evening one morning to the carotid surgical consultation and is pending carotid bruits that day. He having a [illegible] to the hospital to take [illegible] which helps him occasionally. Admitted for [illegible] for evaluation.

BEST COPY OBTAINABLE

(Continue on reverse side)

2/15/72

PATIENT'S IDENTIFICATION (*For typed or written entries give Name - last, first, middle grade, date, hospital or medical facility*)	REGISTER NO.	WARD NO.
BRUSCHI ALFONSO		

HISTORY—Part I
Standard Form 504
504-105

EXHIBIT AC 1
pg 36 of 44

PAGE 3 OF VA FORM 10 P 10 NOV 1966

MEDICAL CERTIFICATE

(NOTE TO EXAMINING PHYSICIAN: History, symptoms and physical findings must be recorded in sufficient detail to support clearly the diagnosis. If additional space is needed, use reverse side.)

44 GIVE HISTORY, SYMPTOMS AND PHYSICAL, LABORATORY, X-RAY, ECG, AND OTHER FINDINGS (Attach reports if available)

219

50 years old white male ... of Depression

many years D.A. ... x/r hypertrophy 1/10/69

BP 132/90 ... Chest Clear to P+A

No chest pain

plan OPT unit

47 DIAGNOSIS (See note to examining physician above)

45 SURGICAL PROCEDURE REQUIRED

49 ESTIMATED NUMBER OF DAYS HOSPITALIZATION WILL BE REQUIRED

CAN APPLICANT DO THE FOLLOWING	YES	NO	CHECK EACH OF THE FOLLOWING	YES	NO
50 DRESS AND USE LAVATORY WITHOUT ASSISTANCE?			54 IS APPLICANT INCONTINENT?		
51 ASCEND AND DESCEND STAIRS?			55 IS APPLICANT AMBULANT?		
52 FEED HIMSELF WITHOUT ASSISTANCE?			56 IS APPLICANT MENTALLY COMPETENT?		
53 OPERATE A WHEEL CHAIR WITHOUT AID? (Leave blank if not applicable)			57 IS ATTENDANT NEEDED DURING TRAVEL?		
			58 IS ATTENDANT A RELATIVE OF THE APPLICANT?		

59 METHOD OF TRAVEL RECOMMENDED

☐ TRAIN OR BUS ☐ AMBULANCE ☐ PRIVATE CONVEYANCE

60 NAME AND ADDRESS OF PROPOSED ATTENDANT

61 SIGNATURE OF EXAMINING PHYSICIAN

62 DATE OF EXAMINATION

63 ADDRESS OF EXAMINING PHYSICIAN

12 16 69

64 TELEPHONE NO

NAME AND IDENTIFICATION NO

BRUSCHI ALFONSO
115 01 7603
3 23 20 P/PRES

INSTRUCTIONS—If this application is to be referred from VA Station to which originally submitted, stamp name of referring VA station in the margin below.

EXHIBIT A-1

Ltr 3 10/4/+

Standard Form 501
Rev. August 1954
Bureau of the Budget
Circular A-32

CLINICAL RECORD | **HISTORY—Part I**

NATURE AND DURATION OF COMPLAINTS (*Include circumstance of admission*)

This is the 7th VAH admission
for this 54 y.o. c.c. of Complaints of
post-prand. epigastric pain × 2 years 9/28/71
Johnson

HISTORY OF PRESENT ILLNESSES

In February of 1969 the pt had
a vagotomy + pyloroplasty. He did not have active
peptic ulcer disease but he did have a bleeding duodenal
ulcer. He ~~had~~ the surgeon did cholecystectomy, V+P
repair of Right Inguinal hernia, 1½ months after operation pt
began to have post-prandial pain + vomiting as he
had had before operation. Treatment @ VA was discontinued
but ~~not~~ repeated. The pt continues to ~~have~~ complain
+ dx of adhesions was made which were lysed
with recovery & relief. Pt felt better + did well
but still had some pain + vomiting

In May 1970 the pt had recurrent pain +
repeated ~~some~~ adhesions were lysed ~~and~~ that
time pt has had recurrent post prandial pain + vomiting
following meals. Weight progressively

(Continue on reverse side) 9/28/71

PATIENT'S IDENTIFICATION (*For typed or written entries give Name, last, first, middle, grade, date, hospital or medical facility*)

BRUSCHI ALFONSO
115-01-7603
3-23-20 PRES

REGISTEN NO. | WARD NO

HISTORY—Part I
Standard Form 501

12 AC 1

CLINICAL RECORD | HISTORY—Part 2

PAST HISTORY

INSTRUCTIONS—*Include (1) OCCUPATION (Civilian and military), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.*

1) Accountant

2) AUS 1st Lt (Inf) — South Africa
1 Sept 69

3) 1) Never drank
2) used to smoke 1 ppd/day d/c'd 4 yrs previously,

4) F: 62 ca of Lung — mother - 72 - Diabetes
no hx of hypertension or T.B.
2 sisters 46 & 51 } Hlth
1 brother 44 Hlth

5) diphtheria

9/28/71
Jerome Ca

6) Measles } 1949
Typhoid }

7) 69 left sided mandibular osteotomy
48 appendectomy
61 Partial gastrectomy recurred i hemicolectomy

8) 11 9) Penicillin (Continue on reverse side)

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade, date, hospital or medical facility) | REGISTERED 9-28-71 | WARD NO.

RFC CHI ALFONSO
115-01-7603
3-23-20 PRES

HISTORY (Parts 2 and 3)
Standard Form 503

VAH NY NY

EXHIBIT AC 1

Standard Form 513
Rev. August 1951
Bureau of the Budget
Circular A-42

GPO: 1971 449 484/66

CLINICAL RECORD	CONSULTATION SHEET	222

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
Medicine	Adm.	2-31-73

REASON FOR REQUEST (Complaints and findings)

52 yr old male c "black-out" this AM at N.Y.R.U, c unconsciousness of a few minutes duration SOB precordial pain radiating to (L) shoulder & (L) upper extremity

EXAMINED FOR PURPOSES OF HOSPITALIZATION ONLY. NOT FOR OUTPATIENT TREATMENT OR MEDICATIONS.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

12/7/73 Med Consult - Syncope x one, ? CP, ? complete heart block, ? coronary insufficiency c history hypertension complicated c CHF, ? Old MI (L) precordial pain radiating to (L) shoulder and (L) arm with some dyspnea, but no SOB, N/V (Cause that spreads to chest pain just started today, but did not radiate to jaw, pain began 2 days ago, but not c/o SOB, EKG today shows RBBB without evidence of ischemia or MI, ? cause for the syncope, feeling as the pt. might change by this not due to drug use

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO	ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date, hospital or medical facility)	REGISTER NO	WARD NO.
Brasili, Alfonso		

CONSULTATION SHEET
Standard Form 513
513-104

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EXHIBIT AC-1

Standard Form 513
Rev. August 1951
Bureau of the Budget
Circular A-67

223

CLINICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or address)	DATE OF REQUEST
Cardiology	Admitting	6.4.73

REASON FOR REQUEST (Complete and Andrew)

52 yr old, C Pleuritic chest pain, (L) Brachial chest pain, pain in (L) upper extremity, black-outs, Dr also scheduled for Neurology consult

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
L Helpern		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☒ ROUTINE

CONSULTATION REPORT

1 - hes 5 yrs. c white man c multiple admissions to VA for C vagotomy, pyloroplasty, cholecystectomy & trans hypnotomy for Meniere disease. Was admitted here c anxiety depression pleuritis. Has been complaining of general blackouts episodes over the past 5 months & was seen at Henry Hill Hospital 2 5 mos ago & was told it was "circulatory". For past 3 mos he has been having pain in the left wrist radiating upon ptsc 1 finger which radiates to shoulder & has tingling in left upper & lower extremities followed by weakness & over the past 3 days he has bleeding out thru A or mouth & rectum. He also complains of vertigo during above episodes was treated for Latent S in 1970 when CC had a kidney S75 stones. O N P. & patient is in no acute distress, He discovered hearing loss during the examination dizziness. & he approached on reverse side) left to the left side

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO	ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name, last, first, middle, grade, date, hospital or medical facility)	REGISTER NO	WARD NO

CONSULTATION SHEET
Standard Form 513
513-101

1 Brancati, Alfonso

EXHIBIT AC-1
11.14.74

[illegible]

1970 224

FM WARD WVA

TO WVA WVA

[illegible]

BT

[illegible] ALPHA [illegible] 6-22-70 DISCH

3-14-71 VET CLM PENDING (CL) [illegible] FILE SPEC EXT [illegible]

[illegible]

[illegible]

6-23-70 6-22-71 7-21-71 AND 3-3-71 CLM PEND 21F

BT

BEST COPY OBTAINABLE

REFER TO:
CHIEF, P.&C. ADMIN. BR.
Delivered to
Date

VVVV

[illegible]

EXHIBIT AC-1

LENOX HILL HOSPITAL

PATIENT (LAST NAME FIRST): BRUSCHI, ALFONSO (MR.) | HISTORY NO. 399191 | JOURNAL NO. 11997

GUARANTOR (FIRST, M.I., LAST): MRS. GIZELLA BRUSCHI

ADDRESS: 335 EAST 94TH STREET | CITY & STATE: NEW YORK, N.Y. | ZIP CODE: 10028

STREET AND NO.: SAME 225

CODE HOME PHONE: 876-3898 | DATE ADMITTED: 9-15-71 | TIME: 1.45PM | DATE DISCHARGED: 9-25-71 | TIME | REEP. JB | REL. PKL

CITY & STATE: SAME | ZIP CODE: SAME

BIRTH PLACE: ITALY | BIRTH DATE: 3/23/20 | AGE: 51 | SEX: M | HOSP. EXT: -- | ROOM: 829 | ACC: A | SP | TRANS DATE

CODE | HOME NO.: SAME | RELATIONSHIP: WIFE | S.C.I.

SERVICE: ENT | ATTENDING PHYSICIAN: DR. BROCKLER

EMPLOYER OF GUARANTOR: ARCADE CLEANING CONTRACT.

CODE | REFERRING PHYSICIAN | CODE

ADDRESS: 220 E. 42 ST.

PATIENT'S OCCUPATION: DISABLED VETERAN | RACE: W | SMWD: M | CODE: 1 | E.C.: 0 | INS. PLANS: 1

CITY & STATE: NYC | ZIP: 10017 | CODE | BUSINESS NO.: MU2-1234

DIAGNOSIS: LABYRINTHITIS

SUBSCRIBER (AS WRITTEN ON CARD): MRS. GIZELLA BRUSCHI

NEAREST RELATIVE OR FRIEND: GIZELLA | RELATIONSHIP: WIFE

BLUE CROSS PLAN: ARB & GHS (LOCAL 32J) | STATE | CITY

ADDRESS: SAME | CODE | PHONE NO.: SAME

GROUP NO.: 63 | BLUE SHIELD: X | CONTRACT NO.: 10 | 3045

PATIENT'S FATHERS NAME: JOHN BRUSCHI D. | BIRTH PLACE: ITALY

MEDICARE NO. | SUFFIX | PART B | POSSIBLE COMP

MOTHER'S (MAIDEN) NAME: [illegible] D'ARCORO D. | BIRTH PLACE: ITALY

MEDICAID NO. | WELFARE CNT. NO.

PT'S. SOC. SEC. NO. | VOL. ENV. NO. | PREVIOUSLY ADMITTED TO LENOX HILL HOSP.? YES NO | YEAR | JR. NO. IF POSS. | IN | OUT

OTHER INSURANCE (CARRIER, POL. NO., BENEFITS): NONE

REMARKS (IF ACCIDENT-DATE-TIME) | ADMITTED BY: CR/MOD PKL

D.A.C. R

PREVIOUS HOSPITAL TREATMENT: —

MANNER OF DISCHARGE: FULL TREATMENT SCHEDULE REFUSED BY PATIENT.

FINAL DIAGNOSIS: PROBABLE LUETIC LABYRINTHITIS.

095

OPERATIONS: NIL DR. Reach

DATE OF OPERATION: 9-16-71

RESULT ☐ RECOVERED ☐ IMPROVED ☒ UNIMPROVED ☐ DECEASED ☐ AUTOPSY

SIGNED: [signature]

EXHIBIT AC-2 for ID 1/14

Exhibit AC-2

CHART COPY

DEPT. 189

[redacted]

226

CONSULTATION REQUEST AND REPORT

REQUESTED OF DIVISION DATE BY DIVISION

REASON FOR CONS.

PROVIS. DIAGNOSIS

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CHECK ONE SIGNATURE

ROUTINE EMERGENCY M.D.

OPINION OF CONSULTANT DATE 9-15-71

This 51 yr old WM has a history of a positive VDRL since the 1st mid 1950. He is vague as to history of syphilis. Was treated until 1967 (Tetracycline) Given as FTA by VD Chattanooga in 1969 The FTA was positive at that time The has a history of penicillin allergy, chemistry was unremarkable. Serology was done in the mid 1950's that time but not in 1969 when it was repeated. The

Lentigo since 1963 Had an Surgery As 1965

EXHIBIT AC 2
page 2 of 14
MD

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EXHIBIT AC-2
page 3 of 10

BRUSCHI A

399191C9 1ST
BRUSCHI ALFONSO
11997 M 329-A SP
BRONX FR 5L 9 15 71

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LENOX HILL HOSPITAL
NEW YORK, NEW YORK

228

HISTORY AND PHYSICAL

[illegible] 1st child of a 51 y/o
w/ [illegible] - laryngectomy x 2 yrs.
Pt had [illegible] operated on in 1967 at
V.A. Hospital - laryngectomy, tracheostomy, dysphagia
for solids, [illegible] gastrostomy was not
recommended. The above symptoms have bothered
the patient for the past 2 yrs. He has a hx of
diphtheria as child and mumps &
measles as an adult. He enters hospital
now for laryngectomy. He is allergic to the
Pred as penicillin (allergy) by an
immunologist.

PMH: Diphtheria - child
Measles + mumps - adult

PSH: 1967 - Pyloroplasty + Hiatal hernia Repair
V.A. Hosp Herniaplasty
Cholecystectomy
Laryngectomy

Medications: Prior to [illegible] taking penicillin
[illegible] for hx of laryngectomy
Allergic [illegible]

[illegible]

[illegible]

EXHIBIT AC-2
page 4 of 14

BRUSCH, A

LENOX HILL HOSPITAL
NEW YORK, NEW YORK

HISTORY AND PHYSICAL

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Sept. Labyrinthectomy, 1969
Right. Wall.

Chief Complaint: Vertigo

C.C.: Deafness, Tinnitus, Vertigo

Hist: Surgical scars.
No Trauma, Has Not Been Operable

Exam: Neurological, Eleven, Clubbing

Impression: Labyrinthitis
Left Ear
Leg Hx
Affidavit

EXHIBIT AC-2
page 5 of 14

BRUSCHI A

LENOX HILL HOSPITAL
NEW YORK, NEW YORK

DOCTOR'S NOTES

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230

DATES	EXAMINATIONS, REMARKS, DAILY NOTES, Etc.
9/15/71	[illegible] patient's note: - pt. is very [illegible] called & is making up the aqueous Pen G after desensitization as follows 1 unit / ml 10 units / ml 100 units / ml 1000 units / ml. Also pt to have spinal tap for VDRL & colloidal gold.
9-15-71	Admitted c history consistent c Luetic labyrinthitis bilateral. Because of Penicillin allergy has not had Penicill c th the past Plan complete work-up followed Penicillin desensitization and then by Steroids which is the only medication which has enabled the hearing to improve in his only hearing (R) ear.
9/16	Pt [illegible] complete of S.B.E. [illegible] c [illegible] of [illegible] c injection c Intra[illegible] Cortex. [illegible] The [illegible] of [illegible] (Civil [illegible] c [illegible] to Chromat This: [illegible] EXHIBIT A-2 page 1/4
11/Oct	[illegible] [illegible] (1) [illegible]

399191091S1
BRUSCHI ALFONSO
11997 M 329-A SP
BOWLER 51 9 15 71

231

CONSULTATION REQUEST AND REPORT

REQUESTED OF DIVISION DATE BY DIVISION

REASON FOR CONS.

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PROVIS. DIAGNOSIS

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ROUTINE EMERGENCY M.D.

OPINION OF CONSULTANT DATE 9/16/71

Pt admitted for penicillin desensitization and subsequent therapy with penicillin for documented Lues with probable inadequate antibiotic therapy.

Luetic Uveitis was a reasonably common feature of the so-called neuroreccurrences in inadequately treated Lues. Optic nerve involvement was more common but auditory nerve difficulty was next.

I think it is important to consider duration of therapy as important as total penicillin dosage. After desensitization therapy should continue at least 2 weeks (up to 8 if schedule) something like 600,000 units twice a week x 3 weeks (or even longer) would be adequate. The total span of therapy is critical in neurosyphilis

EXHIBIT AC-8

M.D.

[redacted]

BUSCHI A

[redacted]

504191 9'5

RL 1P & F 50

190 M 5/6-A SP

1-15-71

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LENOX HILL HOSPITAL
NEW YORK, NEW YORK

DOCTOR'S NOTES

232

DATES	EXAMINATIONS, REMARKS, DAILY NOTES, Etc.
9/16	LP - #18 needle, all difficulty OP - 170 Fluid - clear + colorless Sent to Lab for routine tests, plus ETA Dr Lee
1-16-71	As above. Proceeding w/ work-up prior to desensitization. T H Brosh.
9-17-71	Upper GI shows hiatus hernia (sliding) & otherwise benign. Remainder of study normal. Please note serum of pt is highly sensitive to penicillin & ampicillin + Chemi. Ref. to this X-rays is not part of the work since test does not original study to be used routinely as it is found. Arrangements for placing of chest tap film on specific clinic slip for Monday T H Brosh
9-13-71	Creatinine. Will provide 20 mg/kg on Pencill. - q. day for 2 days if feasible & no further Penicillin if because of rash if unapplyfungus T H Brosh.

EXHIBIT AC-8
PAGE 8 OF 14

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NEW YORK, NEW YORK

DOCTOR'S NOTES
233

39919109151
BRUSCHI ALFONSO
11997 M 329-A SP
BROOKLER 51 9 15 71

DATES	EXAMINATIONS, REMARKS, DAILY NOTES, Etc.
9-18-71	Serum - VDRL + ve. CSF - non-reactive Procedure = plan to start de-sensitization 9-20-71 K.A. Brasfield.
9-19-71	Penicillin desensitization tomorrow. K.A. Brasfield.
9-20-71	FBS & 2hr post prandial are elevated consistent w Diabetes Mellitus In connection with decision for planned desensitization Pt referred to the risks of systemic anaphylactic reaction to penicillin & consent obtained Penicillin Desensitization 1 35 Pm 0.25 ml of 1 unit penicillin/ml IM ID c 1 45 Pm 0.5 " 10 units " " ID c 1 55 Pm 0.5 " 100 units " " ID - 1st reaction 2 05 Pm 0.5 3 mg/ml 1 hr intervals 4½ wheals 2 15 Pm 0.5 " 1000 units " " ID c 2 30 " 0.1 " 10,000 units " " ID ½ → 1" 2 40 " 0.5 " 50,000 units " " S.C. chest 2 55 " 1.0 " 100,000 units " " S.C. thigh 3 05 " 0.1 1,000 c/c 100,000 units " " IV. arm 3 20 " 0.3 1,000 c/c 300,000 units " " IV. OK 3 30 " 0.6 1000 c/c 600,000 units " " IV.

EXHIBIT AK - 8 pg 9 of 14

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399101 BIS1
BRUSCHI ALFONSO
11997 M 329-A SP
BROOKLER 51 9 15 71

LENOX HILL HOSPITAL
NEW YORK, NEW YORK

DOCTOR'S NOTES

234

DATES	EXAMINATIONS, REMARKS, DAILY NOTES, Etc.			
3 45	2.4 ml	1000/cc.	2400 units	I.V.
3 50	½		3200 units	I.V.
3 55	1 ml		10,000	I.V.
4 —	½		20,000 units	I.V.
4 05			40,000	I.V.
4 09			80,000	I.V.
4 15			160,000	I.V.
4 17			400,000	I.V.
4 22			1 million	I.V.
	Total dose ± 2 million units			I.V.
	1st dose - then q 4.			
	Tolerated well — no reaction.			

Franklin Mears, M.D.

9-21-71 Pre-Desensitized.

EXHIBIT AC-Depo 74

Will be treated now & large dose - I.V. Penicillin

K.M. Rosati

9/21/71 Feeling somewhat better

D.T. Thorn

9/22 9[45] AM Called. Dr. [ENT] pt. C/o pain & fullness + BP ↑ to 140/90. Pt sitting comfortably in bed when → examined & c/o epigastric pain → treat → back of neck → head after eating meal. Denies nausea, vomiting, dizziness, chest pain. Heart CSR @ 80 → (R) → (L). Abd - epigastric tenderness ↓ mass. Also C/o hot sensation in neck after meals

Will Watch

S.

BRUSCAE, ALFONSO

394191

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DOCTOR'S NOTES

235

DATES	EXAMINATIONS, REMARKS, DAILY NOTES, Etc.
23-11	Penicillin desensitization - Penicillin therapy. Plan is to give 10 full days of therapy and then discharge.
9/23	Called to see pt because of complaints of sudden onset of sore throat. P.E. T: 98. Throat & tonsils injected - No exudate present. No cervical adenopathy. - Plan: D Throat culture taken.
9/24	Above noted. Complaints of sore throat and fever. Throat is erythematous with exudate. Fever is considered [illegible] Penicillin reaction. - Throat culture for [illegible] (C132 + Group A) (by [illegible] reaction and [illegible] It clears that penicillin [illegible] and that he is [illegible] [illegible] penicillin [illegible] [illegible]

EXHIBIT A-2
[illegible]

LENOX HILL HOSPITAL
NEW YORK, NEW YORK

9991910915 1
BRUSLM[illegible] A. FONSO
1194[illegible] P 29-A SP
BRO[illegible] 51 9 15 71

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DOCTOR'S NOTES

236

DATES	EXAMINATIONS, REMARKS, DAILY NOTES, Etc.
9-24-71	[illegible]
1)	[illegible]
	[illegible]
	[illegible]

BRUSCHI A

[redacted]

309191091S1
BRUSCHI ALFONSO
11997 M 829-A SP
BROOKLER 51 9-15 71

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NEW YORK, NEW YORK

DOCTOR'S NOTES

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237

DATES | EXAMINATIONS, REMARKS, DAILY NOTES, Etc.

in dosage of the Penicillin therapy followed by ste[illegible] to control [illegible] reaction. The diagnosis of the result consideration would be given for [illegible] surgery LEFT [illegible] an [illegible] the nerve section.

Pt. refused therapy in the midst of Penicillin therapy and was a management problem for the nurses. For this reason and because of apparent Diabetes and abdominal pain contra-indicating subsequent Steroid therapy the Penicillin was discontinued.

Discharged 9-25-71

9-25-71 Tetanus toxoid booster was planned [illegible] the time discharge for the [illegible] By Mycostatin Pyelo[illegible] Upper and Lower Tract Studies. [illegible]

EXHIBIT AC-8 [illegible] 13/14

LENOX HILL HOSPITAL

BRUSCHI A

BRUSCHI ALFONSO
11997 M 829-A SP
BROOKLER 51 9 15 71

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CHART COPY SEP 24 P 12:55

REQUESTED BY [illegible] DATE 9-24 LAB USE ONLY

* ALSO SUSCEPTIBLE TO: CEPHALOTHIN, CEPHALORIDINE, CEPHALEXIN, CEPHALOGLYCIN

DIAGNOSIS: [illegible]

ANTIBACTERIAL DRUGS USED [illegible]

SPECIMEN:		TESTS:
X N-P	BLOOD	SMEAR
SPUTUM	URINE	C & S
STOOL	WOUND	ACID FAST
CSF	SOURCE:	X FUNGUS

OTHER:

REPORT: Candida albicans

AMPIC	CEPHA*	CHLOR	KANA	STREP	COLIS	TETRA	FURA	ERYTH	OXACI	PENIC	NEO	POLY B

TECH. AW DATE 9-29-71

R - RESISTANT S - SUSCEPTIBLE

BACTERIOLOGY

LENOX HILL HOSPITAL

BRUSCHI ALFONSO
11997 M 829-A SP
BROOKLER 51 9 15 71

1971 SEP 27 PM 2:09

CHART COPY

REQUESTED BY Levin DATE 9/23 LAB USE ONLY

* ALSO SUSCEPTIBLE TO: CEPHALOTHIN, CEPHALORIDINE, CEPHALEXIN, CEPHALOGLYCIN

DIAGNOSIS: STAT.

ANTIBACTERIAL DRUGS USED Keflin

SPECIMEN:		TESTS:
N-P	BLOOD	SMEAR
SPUTUM	URINE	X C & S
STOOL	WOUND	ACID FAST
CSF	SOURCE:	FUNGUS

OTHER: Throat

REPORT: Klebsiella Alpha strep.

AMPIC	CEPHA*	CHLOR	KANA	STREP	COLIS	TETRA	FURA	ERYTH	OXACI	PENIC	NEO	POLY B
R	S	S	S	S	S	S	S					

TECH. AW DATE 9-27-71

R - RESISTANT S - SUSCEPTIBLE

BACTERIOLOGY

LENOX HILL HOSPITAL

BRUSCHI A

BRUSCHI ALFONSO
11997 M 829-A SP
BROOKLER 51 9 15 71

1971 SEP PM 2:25

CHART COPY

REQUESTED BY [illegible] 9-24 LAB USE ONLY

ROUTINE URINALYSIS	CATHETERIZED	MIDSTREAM	BILE	P. S. P.
COLOR C	MICROSCOPIC	BACTERIA ✓	URO-BILINOGEN	15 MIN. (>15%)
pH	WBC Rare	CRYSTALS	BENCE JONES	30 MIN. (>30%)
SP GR	RBC Rare		SULKOWITCH	1 HR. (>50%)
ALBUMIN	CASTS: HYALINE	EPITHELIAL Occ		2 HR. (>55%)
GLUCOSE	GRANULAR	REMARKS		
ACETONE		TECH [illegible]	DATE [illegible]	URINALYSIS

[redacted]

in proper sequence as to date.

LABORATORY REPORTS

LENOX HILL HOSPITAL

EXHIBIT AC-2 page 14 of 14

239

SUN VALLEY MEDICAL GROUP

Valentino Lattanzi, M.D.
INTERNAL MEDICINE AND GENERAL
Dieter Trelle, M.D.
INTERNAL MEDICINE AND CARDIOLOGY
Frank Martorella, M.D.
GENERAL PRACTICE
Herbert Roedling, M.D.
GENERAL AND VASCULAR SURGERY

767-6552
SUN VALLEY PROFESSIONAL BLDG.
8246 SUNLAND BLVD.
SUN VALLEY, CALIFORNIA

Jerome Catalino, M.D.
OBSTETRICS AND GYNECOLOGY
Ralph Ascher, M.D.
GENERAL PRACTICE
Jaime Paris, M.D.
ENDOCRINOLOGY & INTERNAL MEDICINE
Wolfgang Curt Hallauer, M.D.
GENERAL SURGERY - ONCOLOGY

May 23, 1973

Barry B. Leighton, Attorney
15 Park Row
New York, N.Y. 10038

Re: Alfonso Bruschi
SS 115-01-7603

Dear Mr. Leighton:

As per your request, herewith pertinent information on the above patient while under our professional care. When last seen in our office on September 9, 1972, we note he had three episodes of hypoglycemia and vertigo in a week.

Sincerely,

Dieter Trelle, M.D.

DT:mj
c

EXHIBIT [illegible]

Exhibit AC-3

240

BRUSCHI | ALFONSO | F | 724497 | 0 | 01 | 200 | 2 321 2 | 16 40P | 08/21/72

PERSONAL

PRESENT ADDRESS: 9775 VENA AVENUE | CITY: ARLETA, CALIFORNIA | ZIP: 91332 | SOCIAL SECURITY NO.: 115-01-7603 | AREA CODE: 213 | PAT PHONE NO.: 896-6780

DATE & STATE OF BIRTH: 03/25/20 ITALY | SEX: XXX | DR PHONE: 76[illegible] | DOCTOR NO.: 139000 | CONSULTING DOCTOR | CONS DR NO

FATHER'S NAME (LAST, FIRST): [illegible] S.V. | M/S CD: 52 | RELIGION: PROTESTANT | DISCH DATE: 8-27 | TIME

IN CASE OF EMERGENCY NOTIFY (NAME & ADDRESS): MANGALAMAN, TERESA 9775 VENA AVE. ARLETA, CALIF | RELATION: NIECE | PHONE: 896-6780 | EXP DATE | TIME

IN CASE OF EMERGENCY NOTIFY (NAME AND ADDRESS): RUNDELE, MARIA 20001 -½ VISTA DEL MAR, HOLLYWOOD, CAL | RELATION: SIS. | PHONE: 464-5754

FINANCIAL

EMP CODE | EMPLOYER NAME AND ADDRESS (PATIENT) | PATIENT OCCUPATION: UNEMPLOYED | HOSP LOCN | BUS. PHONE

RESPONSIBLE PARTY NAME (LAST): BRUSCHI, SIXTUS | (FIRST): GIZELLA | ADDRESS: 335 E. 94[illegible] STREET | CITY: NEW YORK | STATE: N.Y. | ZIP: 10028 | RELATION: WIFE

OCCUPATION OF RESPONSIBLE PARTY: OFFICE WORKER | EMPLOYER NAME AND ADDRESS: 220 E. 42nd STREET, LANDMARK BLD. NY, NY ARCADE CLEANING CONTRACTOR 1007 | BUS PHONE: (212) MU2-1234 | AREA CODE: 212 | RESP PTY. PHONE: 876-3898

RESPONSIBLE PARTY NAME (LAST) | (FIRST) | ADDRESS | CITY | STATE | ZIP | RELATION

OCCUPATION OF RESPONSIBLE PARTY | EMPLOYER NAME AND ADDRESS | BUS PHONE | AREA CODE | RESP PTY. PHONE

INSURANCE

INS. | INSURANCE CO: BLUE CROSS THRU EMP. | GROUP OR PRIVATE POLICY NO: 32 J WELFARE F. | INDIVID POLICY OR CARD NO FOR GROUP PLANS: GC83 | EFFECT DATE: 14 YEARS | NAME OF SUBSCRIBER: BRUSCHI, S | SSN OF SUBSCRIBER: 080-20-04[illegible]

INS CO NO | INSURANCE CO | GROUP OR PRIVATE POLICY NO | INDIVID POLICY OR CARD NO FOR GROUP PLANS | EFFECT DATE | NAME OF SUBSCRIBER | SSN OF SUBSCRIBER

INS CO NO | OTHER FINANCIAL OR INSURANCE CO ARRANGEMENTS | DEPOSIT AMT | RECEIPT NO

MISC

PREVIOUS SMH ADMISSION DATE | PREV HOSP NO | LAST OTHER HOSPITAL ADM - PLACE NAME & DATE: NEW YORK CITY MOUNT SINI HOSP. MAY 72 | ANTIC DIS DATE | VIS TYPE C | V | EMERGENCY ADMIT: ☐ YES ☒ NO

ADMITTING DIAGNOSIS CODE | ADMITTING DIAGNOSIS DESCRIPTION: SPRUE | MATERNITY CODE | DRIVER'S LICENSE

ACCIDENT (DR, WHEN, WHERE) | PANEL DOCTOR: ☐ YES ☒ NO

DAYANI
SERRA MEMORIAL HOSPITAL

FINAL DIAGNOSIS AND COMPLICATIONS | DIAGNOSIS CODES

24

OPERATION CODES

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Exhibit AC-3
pg 2 of 2

CONDITION ON DISCHARGE (CHECK ONE)

- ☐ RECOVERED
- ☐ IMPROVED
- ☐ UNIMPROVED
- ☐ DEATH
- ☐ NOT IMPROVED
- ☐ NOT TREATED
- ☐ DIAGNOSIS ONLY

I, THE UNDERSIGNED, HAVE CAREFULLY REVIEWED ALL TREATMENT, OPERATIVE PROGRESS AND ANY AND ALL RECORDS A PART OF THIS CHART, AND I DO HEREBY APPROVE EACH AND ALL OF THEM AS BEING TO THE BEST OF MY KNOWLEDGE ACCURATE AND COMPLETE

ATTENDING PHYSICIAN

To: H. KAUFMAN M.D. M.D.
NAME OF CONSULTANT

241

Report requested regarding: Diagnosis and management of vertigo problem

M.D.
REQUESTING PHYSICIAN'S SIGNATURE
D. Trelle M.D.

REPORT

Date: Adm. 8-21-72

The patient is a 52 year old white male, whose chief complaint is 1) Vertigo, 2) Deafness left ear, complete, 3) partial and intermittent right hearing loss, 4) Severe tinnitus, left, 5) Intermittent pressure on the left and right ear.

ONSET AND COURSE: The patient states that his problem began in 1943, with episodes of vertigo. The patient was in the Air Force in Africa at the time, and was treated for both malaria and typhoid fever. The patient states that he took large doses of Quinine and the vertigo was thought, at that time, to be seconday to Quinine treatment. The symptoms evidently progressed until 1963. In 1961, the patient was told of a positive serology and was given four separate treatments for Lues. The patient has had both Penicillin and Acromycin treatments. The last treatment was in 1971, at which time he was given 80 million units of Penicillin-G. Since the symptoms progressed in severity, the patient was admitted to the Veterans Administration Hospital on 24th STreet in New York, and had a transcanal labyrinthectomy wasperformed in 1969. The patient since has become more severe, after the above, and he states that he has been completely incapacitated. The patient had audiologic workup in 1970. Evidently, the hearing loss was much more severe at that time, than it is at the present.

PHYSICAL EXAMINATION: Head and neck revealed no masses. Examination of the ears reveal tympanic membranes to be benign. Examination of the eyes reveals no nystagmus to be present at this time. Examination of the nose reveals no lesions. The pharynx is noted to be benign.

IMPRESSION: 1) Chronic labyrinthitis, left, and right perceptive deafness, mild to moderate degree, to be determined after audiogram. Severe perceptive deafness, left.

(CONTINUED) M.D.

M.D.-CONSULTANT
H. Kaufman M.D.

CONSULTATION RECORD

BRUSCHI, Alfonso

724497

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EXHIBIT AC-3 C
page 3/8

Serra Memorial Hospital
Sun Valley, California

242

FORM A-272 MAJOR

REQUEST

To: _____ M.D.
NAME OF CONSULTANT

Report requested regarding: _____

_____

_____ M.D.
REQUESTING PHYSICIAN'S SIGNATURE

REPORT

Date: PAGE 2

4) Possible Meniere's syndrome, with endolymphatic hydrops.

DISCUSSION:

It is felt that the hydrops of the labyrinth can be secondary to CNS air.

It is felt that labyrinthine hydrops can be secondary to luetic involvement. A Treponema pallidum fluorescent antibody absorption test should also be ordered. The patient may still have live Treponema in his inner ear, in spite of the previous relatively massive treatment. I would suggest another treatment course to consist of Polycillin 1 gram q.i.d. for one month. The blood level can be increased through the use of Benamid, along with the above regime.

It is felt that the patient would benefit from excision of the vestibular nerve on the left. This could be performed through a mastoidectomy approach, with excision of the remainder of the labyrinth at the same time. The morbidity and the mortality with the transmastoid approach to the vestibular portion of the 8th nerve has been less than that with the intracranial approach. I would suggest that the patient contact Dr. Pulick who practices in the Central L.A. area, regarding the above surgery, since I do not perform this procedure.

Thank you again for the above referral.

HK:ph

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_____ M.D.

_____, M.D.-CONSULTANT
H. KAUFMAN M.D.

CONSULTATION RECORD

EXHIBIT AC-3

BRUSCHI, Alfonso

724497

ORDER FOR RECORDING: Chief Complaint, Present Illness, Past History, Systemic Review. Physical Examination. Impression.

CHIEF COMPLAINT: Dizziness, weakness, diarrhea, and abdominal pain

The patient is admitted with the above stated complaints. He was seen in the office, where he gave a history of having had a diagnosis of diabetes mellitus, for which had been established in New York, several years ago, and he produced a glucose tolerance test taken in New York, which was definitely diabetic in nature. He stated that he had been hospitalized and treated with strict diet and Orinase but had developed hypoglycemia, and he had stopped taking any medication, but had continued on his diet. However, during theyears, he had also developed episodes of severe dizziness, weakness and fatigue and a severe hunger for something sweet, which helped him not to faint. He also developed marked symptoms in the form of abdominal pain and cramping, which was usually followed by mushy, floating stools, for which he also had been several years ago, evaluated, but they had never completed the evaluation. He related that a calcium loading test and a Xylose tolerance test had been done, but he did not know the results. He was told that he had had pancreatitis in the past, and he was told by other doctors that the pancreatitis caused the diarrhea, and also his diabetes mellitus. He also has carried a positive VDRL which he states has been treated in the past, and he has a history of arthritis of thespine, which he has been totally disabled with, and the patient is retired at the present time, from his usual occupation as a garage mechanic. He has been maintained on an 1800 calorie diabetic, low protein diet.

REVIEW OF SYSTEMS: HEENT: no headache, tinnitus, dizziness, alteration of vision, smell, taste or hearing. CVR: no chronic cough, asthma, hay fever, or peripheral edema, chest pain or hemoptysis. GU: no dysuria, frequency, nematuria, nocturia, NM: no aches or pains in the muscles, bones, joints, back or neck. GI: see above. There is no history of nausea, vomiting, diarrhea, constipation, melena, bloody stools or hematemsis, aside from above mentioned chief complaint.

PREVIOUS HISTORY AND OPERATIONS: The usual childhood diseases in the form of measles, mumps and chicken pox. The patient states that he has had typhoid fever and malaria. He had a variety of surgical procedures, including a Vagotomy and pyloroplasty, a cholecystectomy,

(CONTINUED) ,M.D.
D. TELLE M.D.

SERRA MEMORIAL HOSPITAL
HISTORY AND PHYSICAL EXAMINATION

HP-3

BRUSCHI, Alfonso

724497 Adm. 8-21-72

EXHIBIT AC-3
page 5 of 5

ORDER FOR RECORDING: Chief Complaint. Present Illness, Past History, Systemic Review. Physical Examination. Impression.

a hiatal hernia repair, a labyrinthectomy, a hemorrhoidectomy, an appendectomy, a sigmoid polypectomy, and a removal of the left submandibular gland. He is ALLERGIC TO PENICILLIN.

FAMILY HISTORY: essentially noncontributory and is negative for cancer, tuberculosis, diabetes, gout, goiter, or kidney disease or hypertensive heart disease.

PHYSICAL EXAMINATION:

A well developed, slender white male, who looks approximately his stated age. His temperature is 99.4, respirations 20, pulse 70. Blood pressure 140/190. Height 5'9", and weight is 156 1/4 pounds.
HEENT: the pupils are round and equal, and react equally to light and accommodation. EOM is intact, the oral and nasal cavities are physiological. Auditory canals and ear drums are physiological.
NECK: supple, no lymphadenpathy, thyromegaly or venous distention.
CHEST: expands equally bilaterally.
HEART: no rub or murmurs heard. A2 equals P2. Normal sinus rhythm, at 72 per minute.
LUNGS: Clear to auscultation and percussion, no wheezes, rales or ronchi heard.
ABDOMEN: tender in all four quadrants, increased bowel sounds and marked guarding in all four quadrants, but no rebound or rigidity. Liver spleen and kidneys are not felt, and there are no masses felt. Hernia - none felt.
EXTREMITIES: no swelling, redness or tenderness over any of the muscles, bones, joints, back or neck. Reflexes - physiological. DTRs are active and equal. Hoffman, Babinski and Lasegue are negative.
SKIN: cool and dry.
GENITALIA: normal male, both testes in the scrotum.
RECTAL: tight anus, status post hemorrhoidectomy. Other wise no masses or tenderness.

IMPRESSION: 1) possible diabetes mellitus, rule out hypoglycemia
2) Rule out pancreatitis, Sprue syndrome, terminal ileitis or enterocolitis
3) Labyrinthitis versus Meniere's disease
4) Hypertension, 5) Sprue syndrome

DT:ph

_____,M.D.
D. [illegible] M.D.

SEBBA MEMORIAL HOSPITAL
HISTORY AND PHYSICAL EXAMINATION

HP-3

BRUSCHI, Alfonso

724497 Adm. 6-21-72

EXHIBIT AC-3 page 6 of 5

8-21-72 DISCHARGE DATE 8-27-72

...nosis; Final Diagnosis; Brief History & Essential Physical Findings; ...story, Data & Consultation Findings; Operation; Course in Hospital ..., If any, Condition, Treatment, Final Examination; Medication and ...charge.

The patient was admitted with a chief complaint of severe vertigo, and loss of hearing, but also had symptoms of abdominal pain, and diarrhea, with severe intermittent weakness. He had a history of having been diagnosed as having diabetes and when treated developed severe hypoglycemia. He also has history of diagnosis of inflammation of the small and large bowel and he did not respond to medication or management in the office and was therefore hospitalized for more intensive treatment. He had a history of a longstanding Lues which had been treated on several occasions.

Laboratory tests during this hospitalization were essentially within normal limits, except for a positive RA Latex fixation test, and some mild elevation of his initial serum amylase. However, a repeat Amylase and repeat bilirubin, which had incidentally been elevated also, proved to be normal, and his VDRL was weakly reactive, and his thyroid function test and repeat tests were negative, and FTA was reactive. A glucose tolerance test was essentially within normal limits, except for a reactive hypoglycemia of 33, at two hours after the ingestion of the test meal, but at 3 hours, it was perfectly normal again. A two hour postprandial blood sugar reading after a meal while hospitalized on a regular diet, was 182 and it was felt to be in satisfactory limits. GI Series of the entire GI tract including chest x-ray and an IVP, were essentially within normal limits and so was x-ray of the internal and external auditory canals. He was seen in consultation by Dr. Kaufman, please see his consultation note. He was treated while hospitalized with Bellergal, tablets 1 q.i.d. His abdominal pain, cramping and his diarrhea stopped while hospitalized and on medication, and he improved, however, his dizziness continued and he will be followed for this at Dr. Kaufman's office, please see his consultation notes. He was then discharged home, improved for further followup care in the office and to be followed by Dr. Kaufman and to have some further surgery on his internal ear, by another ENT man.

FINAL DIAGNOSIS: Chronic labyrinthitis, left, with right perceptive deafness and severe perceptive deafness left. 2) Low kidney thresholds for glucose, with glycosuria, 3) spastic colitis. 4) History of Lues, treated.

(CONTINUED) M.D.
D. TRELLE M.D.

...ERAL ...CAL HOSPITAL

...SCHARGE SUMMARY

BRUSCHI, Alfonso

724497

EXHIBIT AC-3
pg 7 of 15 C.

DISCHARGE JAIL.

...nosis; Final Diagnosis: Brief History & Essential Physical Findings; ...story, ... & Consultation and Findings; Operation; Course in Hospital ..., If any; Condition, ... Treatment, Final Disposition; Medication and ...scharge.

PAGE 2

CONDITION ON DISCHARGE: Improved

DISPOSITION: home

PROGNOSIS: good to guarded

CONSULTATION: Dr. Kaufman, ENT

SURGERY: none

DISCHARGE MEDICATIONS: Bellergal 1 q.i.d.

DT:pn

BEST COPY OBTAINABLE

M.D.

D. TRELLE M.D.

BERA MEMORIAL HOSPITAL

...MMARY

BRUSCHI, Alfonso

724497

- AC 3 pages 5-8

Department of H.E. W.
Social Security Administration
Bureau of Hearings and Appeals
Appeals Council

Gentlemen

My Attorney is submitting my formal appeal. I wish however, to ask and beg your indulgence to read my own personal ideas and feelings in my case.

It is my disability. I am the one who was Hospitalized many times, operated on many times, sought the aid of many Specialist's to try if not to cure my condition then, to at least find some treatment that would help me to return of only partially to my original self before the onset of this disability. But it hasbeen to no avail as I will try to outline in this letter.

Regarding my many Hospitalizations by the V.A. they show a consistent pattern of benign neglect, at no time do the give a firm Diagnosis, or Prognosis.

Before the operation on my left ear in November,1969, they were aware of my positive V.D.R.L. In june of July of 1969 they gave me a diagnosis of Menieries, up until then I was not aware that I had Menieries After the operation on my left ear I returned many times to the hospital complaining of dizzy spells, pains in the stomach, they told me it would take time and that the condition would clear up and they gave me a cane to assist me in walking.

Finally in May of 1970, I went to the office of Dr. Ormond Frost F.A.C.S. who is an ear Specialist Associate with the faculty of University Medical Center of New York, and he gave me various Audiometry tests, and various medications to which I did not respond. I saw Dr. Frost various times in between Hospitalizations by the V.A. Then in April of 1971, I lost the hearing in my right completely, it still goes completely deaf and then partially returns, Dr. Frost then recommended me to the League for the Hard of Hearing for lip reading instruction and for further evaluation of the hearing in my right ear. He told me that the condition that I had would not respond to medications and that in his opinion further operations would not do any good, also that my condition was permanent, which his letter of September 1973 Substantiates.

At this time I was not aware of the Law as it pertains to Social Security Disability Claims, I was under the impression that when the V.A. gave me the 100% Disability it would also apply to the Social Security Administration, and for this reason I did not try to introduce any other medical evidence showing that I was totally disabled.

Exhibit AC-4

Also in May of 1970 I was seen by A Dr.Felix Shiffman who was a Consultant for my wife's Union Diagnostic Clinic. I then went to Dr. Shiffman's office and he gave me some Caloric tests and Audio tests on my left ear and he said that according to his tests there was some Vestigal Vestibular Activity in my Left ear and he recommended a repeat Labrinthectomy, the frist one was done by the V. A. in 1969, at that time he also stated that I was unable to function because of this condition.

In the meantime I had hopes that by consulting other Specialist's and despite Dr. Frost's Diagnosis that my condition was permanent and that the Menieries was bi-lateral I might find some treatment or cure. This also turned out in the end to be of no avail.

In May of 1971 I went to the office of a Dr. Wilbur Gould, of 47 East 77 Street, New York City, New York. He reexamined me and took some tests when he found I had a positive V. D.R.L. he told me he did not treat cases of Menieries associated with a positive with a positive V.D.R.L. serology, he then recommended me to a Dr. Kenneth Brookler who shares the offices with Dr. Gould and he told me Dr. Brookler was a Balance Specialist who was familiar with my case and type of Menieries. Dr. Brookler gave me various Audiometry tests and Caloric tests and then he recommended that I should be treated with Penicillin. I told him that I was Allergic to Penicillin but he said that I could be treated with Penicillin but I would have to have an Immunologist to desensitize me first then I could be treated with Penicillin.

On September 15,1971 I was admitted to Lenox Hill Hospital in New York City, under the Supervision and care of an immunologist by the name of Dr. Nicholas Macris, before the treatment started Dr. Brookler was made aware of my elevated blood sugar suggesting that I was a possible Diabetic,he Authorized the Desensitization to proceed, I then signed the consent form Authorizing the treatment with Penicillin after being informed of the risks involved,with which I was thoroughly familiar with. Then on September 23,I complained of a sore throat and the Hose Doctor examined me and took a throat culture, on September 24 Dr. Brookler and Dr. Macris examined me and found that I had a Fungus Allergic reaction to the Penicillin I then refused further with Penicillin treatment because of the massive doses that I was receiving and because of the Fungus Reaction.

On September 25, 1971 Dr. Brookler Discharged me from the Hospital stating that the reason for my discharge was my refusal of further treatment, but does not mention the reason I refused was because of the Fungus Reaction, he further states that I was a Management problem for the Nurses and because of the elevated blood sugar and the recurring pains in the stomach he was discharging me which he did even though I still had the Fungus in the Mouth and Throat.

EXHIBIT AC-4
page 20/4

Also in his Hospital report Dr. Brookler states that he would try to give me 20,000,000 units of Penicillin a day for 10 days and then he would discontinue the Penicillin because of the high risk of Anaphlaxis I had received in excess of 70,000,000 units of Penicillin and as I stated before I was fully aware of the dangers of Anaphlaxis to aperson particularly to a person with a known allergy to Penicillin, the risk of death in this case is high but I still submitted to the Penicillin treatment because Dr. Brookler was of the opinion that I possibly had a Luetic infection of the Labrinths of the ears. In this instance I dispute the part of Judge Alfierie's Decision in which he states that under section 404-1507 Regulations No.4. that anyone who refused reasonable treatment was not elegible to receive disability for the condition he refused for according to the section Quoted above. In this case I do not consider that I had refused reasonable treatment.

In October of 1971 the Diagnostic Clinic of my wifes union gave me a Glucose Tolerance test which showed that I was mildly Diabetic. I was then treated for Diabetes with orinase by a Dr. Bertram Newman of 30 east 60 Street New York City, and this treatment with Orinase continued until May of 1972, I then was having attacks of low blood sugar and the Orinase was discontinued.

In thelatter part of May 1972 I went to California to see and consult with other Specialist's. Then on July 7, 1972 Iwas seen by a Dr. Jack Pulec of the Otologic group of Los Angeles, According to another paragraph of Judge Alfierie's Decision Dr. Pulec examined my ears and suggested treatments this is not so a;; I had with Dr. Pulec was an oral examination and history taken, and a discussion of the possibility of having another operation performed,he told me that in my case it was possible that I would need another operation and that it would consist of severing the V111 nerve of the left ear, but that the operation had a high risk and that it was not always successful, also that it would cost about $2,000 and possibly more with other tests he would give me I told him that I had had the tests he suggested done in New York , and that I coul d not afford the operation. He states in his letter that I did not have any treatment by him and that I had not completed my treatment with Dr. Brookler, evidently Dr. Brookler did not inform him that he had started to treat me and had to discontinue treatment because of my Fungus Reaction and because I was a potential Diabetic Which would not allow me to be followed up with Corto-Steroid treatments. This was not Brought out by Judge Alfieries Decision.

Then in August of 1972 I was Hospitalized by Dr. Dieter Trele of the Sun Valley Medical Group My Attorney is submitting the hospital report of Dr.Trelle.

Also my Attorney is submitting the report of Dr. H.Kaufman who was a consultant of Dr. TRElle.Dr. Kaufman in his report brings out the dangers of the operation severing the V111 nerve, again considering the dangers involved I do not consider that I refused reasonable treatment.

EXHIBIT AC-4
page 3/4

As far as my mental condition is concerned after being subjected to since 1968, to many Hospitalizations, many operations, and many tests some of which would have driven many persons past the point of no return mentally, I do not doubt that I have an anxiety complex and some of the evidence submitted by my Attorney will tend to corroborate this.

I returned in October of 1972 to New York City and had another operation performed on my left ear by Dr. Felix Shiffman, My Attorney is submitting the report on this also/

However after the operation By Dr. Shiffman I returned to his office still complaining of dizzy spells constantly and he had me hospitalized in Flower Fifth Avenue Hospital under the care of Dr. Allan Rothballer with a Diagnosis of possible Inter Cranial pressure.

My Attorney is also submitting a report or has submitted areport by Dr. Rothballer.

Finally I wish to state that at no time during my stay in any hospital did I not state that I had a positive V.D.R.L. and despite all of the treatments I received the serology is still positive, However if the condition is of a degenerative nature until it manifests itself no doctor can diagnose it only when it manifests itself either in the signs that the central nervous system is affected or that any other symptoms develop in time showing that the condition is getting worse when this happens it will develop into a condition which will end in my Demise, only time will tell.

My Attorney is also submitting a report by a Rheumatologist, by the Name of Dr. Otto Steinbrocker.

So in conclusion Dr. Frost's original diagnosis was correct and no other Dr. or Dr. Dispute this, they only vary in the method in which they consider I should be treated because of the Menieries Bi-Laterally soupled with the positive Serology, there is nothing further I can do as I have certainly tried to get my condition remeided without avail in the meanwhile I am disabled with the Menieries and the severe vertigo which I have with it which as I stated to Judge Alfieri and is on the tape does not go away it only increased and diminished in intensity but never left me that coupled with the noise tinnitus is the whole problem.

I wish to sincerely to thank the Council for allowing me to write this History of my thoughts and ideas of my disability, and for their patience and forebearance in reading this lenghty letter.

Sincerely yours

Alfonso J. Bruschi

EXHIBIT AC-4
page 40/4

J. ORMOND FROST, M. D., F. A. C. S.
NEW YORK UNIVERSITY MEDICAL CENTER
566 FIRST AVENUE
NEW YORK, N. Y. 10016

251

OTOLARYNGOLOGY

FACULTY PRACTICE OFFICES
ORegon 9-3200
EXT. 3235

September 12, 1973

To Whom it May Concern:

I first saw Mr. Bruschi on 4/22/70 because of severe recurrent episodes of vertigo over the previous 7 years and a loud tinnitus. He had a total loss of hearing in his left ear and a severe sensorineural loss of hearing in his right ear. He had had an operation on the left ear to relieve his symptoms but they continued. He walked very unsteadily and tended to fall while walking and he had great difficulty turning.

In April of 1971 he suddenly lost the remaining hearing in his right ear. My diagnosis was that he had Meniere's disease affecting both ears. As a result of his disabilities he was totally disabled from performing any substantial gainful employment. His condition has been resistant to all forms of treatment, is permanent and prevents him from traveling on any public transportation.

Sincerely yours,

J. Ormond Frost M.D.

J. Ormond Frost, M.D.

JOF/cc

Exhibit AC-5
Page 1-1

OTTO STEINBROCKER, M. D.
121 EAST 60TH STREET
NEW YORK, N. Y. 10022

TEL. TEMPLETON 8-7160

September 19, 1973

TO WHOM IT MAY CONCERN:

Mr. Alfonso Bruschi has been examined by me for the painful disability of his low-back. The onset of these symptoms occurred during his military service and they have built up to their present severity.

From physical examination, laboratory data and X-ray films, it is my opinion that he is suffering from degenerative spondylosis, from which he is getting extensive, disabling muscle spasm. I believe he has a 30% disability which permits only light work.

Very truly yours,

Otto Steinbrocker, M.D.

OS:rr

Exhibit AC-6
page 1 of 1

ALAN A. POLITZER, M. D.
311 EAST 72ND STREET
NEW YORK, N. Y. 10021
RHINELANDER 4-3510

Oct 15/1973

Rev. Alfonso F. Bruschi of 335 E. 94 St New York City was treated in 1967 for a latent syphilitic infection with a positive serology.

Due to allergy to Penicillin he was treated with achromycin and 2 Gms/day for 25 days were prescribed.

Alan A. Politzer M.D.

Exhibit AC-7 page 1 of 1

DIAGNOSTIC CLINIC

254

Building Cleaning - 32 J Welfare Fund

237 EAST 36TH STREET, NEW YORK, N. Y. 10016
MU 9-9440

UNION TRUSTEES
THOMAS J. PERRY
BLUCHER LAWRENCE
DEPUTY
DOLORES DRAPALA

DONALD MUMM
ADMINISTRATOR

MAX BLEICHER, M.D.
MEDICAL DIRECTOR

EMPLOYER TRUSTEES
HAMILTON G. FORD
SAM J. WEISS
DEPUTY
EDWARD CLANCY

October 15, 1973

Barry Leighton
15 Park Row
New York, N.Y. 10038

Dear Mr. Leighton:

Mr. Alfonso Bruschi has authorized us to send you the enclosed laboratory report.

Yours truly,

Joseph A. Rao M.D.

Joseph A. Rao, M.D.
Medical Director

ml
enc.

THIS IS A PRIVILEGED AND CONFIDENTIAL COMMUNICATION NOT TO BE RELEASED OR TRANSFERRED BY RECIPIENT DOCTOR.

Exhibit AC-8 page 1 of 2

170

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3.2.J

CLINIC

PATIENT'S LAST NAME FIRST NAME

Bruschi Alf

Glucose Tolerence

Blood		Urine	
F	55	100	neg
1/2 H	500	162	2+
1 H		25	
1½ H		1	
2 H	304	15	
3 H	305	10	

Comments

12

Directo

EXHIBIT AC-1 page 2/2

MEDICAL ANALYSIS

FOR CONSIDERATION BY THE APPEALS COUNCIL

Alfonso Bruschi (Claimant and Wage Earner) — 115-01-7603 (Social Security Account Number)

I have reviewed the medical evidence in this case and have the following comments:

Exhibits 14 and AC-1 show multiple admissions to Veterans Administration Hospitals from December of 1968 to September of 1971. There were 7 or 8 admissions during that period of time. There were 2 long admissions; thus, we have an admission from December 13, 1968, to March 26, 1969, and an admission August 29, 1969 to February 14, 1970. Although during these admissions the claimant had multiple procedures such as, in the first admission mentioned, gallbladder and hiatus hernia operation with vagotomy and pyloroplasty and, in the second, a labyrinthectomy for the left ear and removal of the submaxillary gland, I am unable to justify the length of admission on the basis of the conditions for which he was treated. The totality of all these admissions is to show a man being evaluated for continued symptomatology of nausea, vomiting and dizziness and with operations presumably directed toward the alimentary canal initially. However, the symptoms continued and they were then ascribed to the operations that had been done, such as the dumping syndrome and the question of hypoglycemia. The question of Meniere's disease is also discussed, but the weight of the evidence during this long period of time is for psychosomatic or emotional factors being the predominant problem.

We have one of the last admissions to the Veterans Administration Hospital being recorded in September of 1971, but we also have a non-Veterans Administration admission in the form of Exhibit AC-2 from the Lenox Hill Hospital, New York, dated September 15, 1971. This was for treatment of the claimant's labyrinthitis on the consideration for a luetic origin. This treatment was not completed; however, it would seem that shortly afterward he was admitted to the Veterans Administration Hospital as mentioned above.

Dr. Brookler examined the claimant in this same period (Exhibit 15). He mentioned inability to perform a Romberg test and

Exhibit AC-9
page 1 of 4

gave the diagnosis of bilateral Meniere's disease probably of luetic origin. He noted nonspecific electronystagmogram abnormalities.

Ira Jay Berlove, M.D., (Exhibit 17, dated March 5 1972), noted the absence of nystagmus or past pointing and good caloric responses for the right ear. He noted that the gait was not affected and suggested the diagnosis of Meniere's disease. He noted that the claimant still had 60 to 70 percent of hearing in the right ear and this could be improved probably with a hearing aid by another 20 or 30 percent.

Exhibit 23, from J. Ormond Frost, M.D., dated September 22, 1972, notes a discrimination score on the right ear of 88 percent, which would be considered fairly reasonable. However, he referred the claimant to the League for the Hard of Hearing for lip reading instructions. He diagnosed Meniere's disease. Felix Shiffman, M.D. (Exhibit 22, dated September 19, 1972), suggested another labyrinthectomy, again on the left side.

Exhibit 24 is for the New York Medical College admission of November 1972, and here we have a normal electroencephalogram and notations for the claimant being relatively asymptomatic and never showing nystagmus even with active symptoms. There is a discussion of the vagueness of complaints and a decision not to pursue diagnostic studies. There is a notation that the claimant was agitated at one point.

Exhibit AC-3, pages 3 to 7, is for a California hospital admission in August of 1972, and it is of interest to note that the right-sided deafness was only of mild to moderate degree. Dr. Kaufman, referring on page 3 to the audiological workup in 1970, noted "Evidently, the hearing loss was much more severe at that time, than it is at the present." At that time a suggestion was made to the claimant that he might have the vestibular nerve on the left side cut intracranially, but this was not accepted by the claimant.

Exhibit AC-3, page 1, signed by Dieter Trelle, M.D., an internist, noted episodes of hypoglycemia and dizziness at the time when the claimant was under their office care, but the question of hypoglycemia and diabetes is discussed elsewhere, particularly in Exhibit AC-3, pages 5 and 7. It would seem that there is no real evidence for reactive hypoglycemia or significant diabetic change.

EXHIBIT AC-4
page 2 of 4

The weight of the medical evidence here is to indicate important emotional factors for explanation and understanding of this claimant's symptomatologies. In spite of this, the claimant has had a number of abdominal operations and 2 operations on the left labyrinth. It is clear, therefore, that the doctors treating the claimant have not all been persuaded that the functional factors have been the most important factors. However, the weight of the total evidence here is to the greater importance of emotional factors. I do not find any evidence really for a significant vertigo syndrome, and there is very little documentation for nystagmus or for cerebellar types of problems; the gait is generally good, in fact. Other neurological examinations have been negative, with normal electroencephalograms. The claimant does have a positive luetic blood serum, but spinal fluid serology has been negative. I do not find that this claimant has failed to cooperate in treatment; in fact, he has sought treatment to a very considerable extent. I do not think it significant that he has been somewhat eccentric at times in not always accepting what the physicians desire. This does not amount to a failure to cooperate. He did not accept the intracranial operation for section of the vestibular nerve and with the weight of the evidence here, one would not consider his refusal unintelligent, as some of the other consultants have agreed with him in this respect. On the other hand, I do not find a significant impairment, either on the basis of his hearing loss or on the basis of the Meniere's syndrome or even on the basis of multiple hospital admissions over a period of time with the various procedures that were done.

In my opinion, the claimant has been capable of at least light work activities on a sustained basis, with the ability to walk, manage steps, sit, stand, handle and manipulate, bend, lift and carry, provided that all such activities were not too extended without opportunity for rest or change of position, but still within the basis of light work. There may be some reservation for working at unprotected heights or near moving machinery. Although the claimant has some hearing impairment, he has relatively good hearing in his right ear with adequate discrimination.

In my opinion, the medical evidence is complete, and I see no need for further consultative reports.

In my opinion the medical evidence as demonstrated by medically acceptable clinical and laboratory diagnostic techniques does

EXHIBIT AC 4
May 3, 14

not show the presence of an impairment that, in duration or severity, singly or in combination, meets or equals categories 2.07, 2.08, 11.15B or 11.04D in the listing of impairments in the Appendix to Social Security Administration Regulations, No. 4, Subpart P.

Physician's Name: Sydney I. Green Date: 9/6/78

Address: Sydney I. Green, M.D.
P. O. Box 2518, Washington, D. C. 20013

EXHIBIT AC-9
Proj 4/4

PROFESSIONAL QUALIFICATIONS

1. Physician's Name: Green (Last) Sydney (First) I. (Middle) 260

2. Address: 2142 K Street, N. W., Washington, D. C. 20037

3. Year of Birth (B): 1915

4. Medical Education (ME): State: England

School: University of London Faculty of Medicine
(Guy's Hospital Medical School)

Year of Degree: 1938

Master of Surgery, 1948
M.B.B.S. (London); M.R.C.S., L.R.C.P. (England) 1938

5. Year of License (L): 1958 - District of Columbia

6) Specialty Boards: Fellow, Royal College of Surgeons (England, 1941)

7. Medical Specialties: Neurosurgery

8. Type of Practice (TOP): Full time specialty practice

9. National Scientific Medical Societies (SS): International College of Surgeons (Fellow); American Medical Association; D. C. Medical Society; American Academy of Neurology; Philadelphia Neurological Society; Philadelphia Neurosurgical Society; Congress of Neurological Surgeons; British Medical Association; St. Elizabeths Medical Society

10. Professorial Appointments (PA): State: District of Columbia

School: Howard University School of Medicine

Title & Current Status: Clinical Assistant Professor of Neurosurgery

11. Other Information (e.g., Hospital Appointments): Active Staff, Sibley Memorial Hospital, Freedmens Hospital; Courtesy Staff, Washington Hospital Center and Doctors Hospital; Medical Consultant to SSA, SSA, Dept. HEW

12. Sources of Information: American Medical Directory
Year: 1969 Edition: 25th Page: 1073

Other Sources: Self

HA-526 (8-71)

EXHIBIT AC-10

			M SU AD CC	
53			ERUSCHI ALFONSO	261
	DOCTOR: Dressler	1489[3]	(IF NO PLATE, PRINT NAME, SEX, AND HOSPITAL NO.)	

1-25-74 (1) Admitting Attending Note:

53 yo Italian-born mechanic z long complicated history admitted for evaluation of treatment resistant hypoglycemia - ROS is pointive in many areas otherwise w/a negative except for GTT. PH

1963 low blood sugar diagnosed. Unresponsive to multiple diets

Allergic to PCN (skin test ⊕)

Surg - T&A, Hemorrhoidectomy, Polypectomy, ⊕ Subtotal Rectomy, Cholecystectomy, Pyloroplasty, Vagotomy and H. H. repair, Removal of Calc. Submand. Gland Gram. Hx ⊕ for Heart Disease, RHD, Diabetes Mellitus Thyroid disease TBc and Cancer.

VDRL ⊖ RxID z PCN 1971

Past diagnoses - melode Bowel ischemia, Renal stones, spondylosis, Cerv. arthritis, Heart ⊕ z palpitations On Exam he has active skin rash BP, Rx never wearing no fundi intermittent S/S z dysth ⊕ Rhomberg -

Plan
1. 200 gm CHO diet x 3 days then
2. 5 hr GTT z insulin levels
   0-10-20-30-40-60-90 min
3. Cortisol Am & PM, 24 hr urine for 17OH, 17KS
4. T4, T3, Cholesterol
5. Ca, Phos, TP & A/G 24 hr urine Ca / Phos
6. UGI Series r/o Dumping Syndrome

Exhibit AC-11

EXHIBIT AC-11
pg 1 of 39

1/25/74	F14	Med	BRUSCHI, ALFONSO
DATE ADM., DIS., VIS.	LOCATION	SERVICE	M 38-15-22 262
53 AGE	Dr Dreyfus DOCTOR		IP AND PLATE, PATH'Y NUMB., SEX, AND HISTORY NO.

2ND NTH admission for this 53 yo. W M.

Source Patient

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SOPHA #1 Rectal perforation 1961
Hemorrhoidectomy Dr. V. Eckel

Complaint: "I have hypoglycemia"

HPI: Patient was apparently in relatively good health until 10 years PTA when he had the sudden onset of dizziness, palpitations which stopped 2 hours after eating. Then he collapsed & transfer, unconscious was taken to Washington NJ Hospital where he was discovered to have a hiatus hernia, duodenal ulcer & gastritis during this same period the patient was continued with same symptoms was seen at Princeton-Univ Hospital where diagnosis of duodenal ulcer was made. Patient continued to have dizziness 2-3 times per day which decreased over a period of months to once frequently as 1 per week.

6 years PTA patient had increasing frequency of the above symptoms now in addition to dizziness he would pass out. He was admitted to VA Hospital where a vagotomy, resection, pulorplasty and Hiatus hernia repair was performed. Patient was discharged & improvement in above symptoms.

5 years PTA patient had recurrence severity of palpitations and dizziness. He now on a better [illegible] but [illegible] admitted to VA hospital where GI [illegible] was performed and a cuff [illegible] gland removed. Patient discharged improved dizziness & palpitations

4 years PTA Patient readmitted to VA for GI studies which [illegible] & continued. A recurrent hiatus hernia repaired and patient discharged & taking oral symptoms persisted.

EXHIBIT AE-11

3 years PTA patient admitted for palpitations and page 20 of 39
dizziness (lightheadedness) to Jersey Hill where patient
[illegible] [illegible] [illegible] for (+) VDRL [illegible]

Treated previously in 1960, 62, 67 and 71 with severe
Malaria of Ghana, and fever. Patient also developed
a pruritic infection in the mouth which was treated
topically (2 times). 263

Later a CTT was done which revealed diabetic
abnormalities treated with diuretics

2 years PTA patient was seen at Mt Sinai Hospital
and diagnosed as "liver trouble" Later in
California patient was diagnosed as having
hypoglycemia and cataracts. Still later he
was admitted to Boulevard Hospital where
a Glucose Tolerance was done for accuracy. Neurology
Consult done. Later patient admitted at Flower - 5th
and diagnosis as old Stroke.

1 year PTA Patient experienced attack of lightheadedness
with palpitations, accompanied by blurring of vision.
Seen by Dr Hilkens who prescribed Inderal with apparently
improvement. Patient remained that symptoms until August
Patient then referred to Dr Chaffee for endo-
crine workup.

Patient attack-sim/c occurs approximately 2-3 D w/in
onset was particularly related to position or testing.
Patient demonstrates attacks before Dr exam.
Often shortly afterwards. Patient has described
essentially 2 types of attack with both the most
predictable occurrence - most frequent being
lightheadedness, blurring of vision and palpitations
No dyspnea, diaphoresis, focal neuro deficits
or urgency. And a second characterized by pressure
in the epigastrium and chest & headache nausea,
light & sound changes in vision symptoms
intermittent patient symptoms usually subside
with rest. Dizziness, CT etc. Dr Chaffee
attacks the latter followed by onset migraine headache.
Patient also given (1/2) of Inderal

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EXHIBIT AC-11
page 3 of 39

DATE (MO., DY., YR.) | LOCATION 1429[3] | DOCTOR med

53 | DOCTOR Dreyfus

38 15 22
BRUSCHI ALFONSO

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

264

PMH: MEDICAL - (+) I.D.C. X at least 12 years
measles as adult - unknown
Mumps as adult
Chicken pox as adult
See HPI

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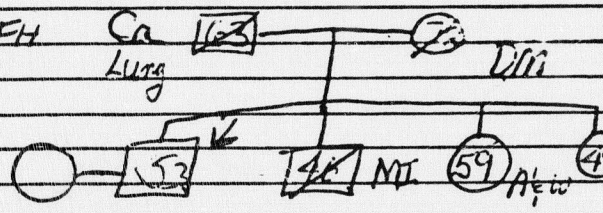
SURGICAL - T & A
See SOPHA & HPI

Allergies - Penicillin
TAL WIN
TRANSFUSIONS - 1 unit
CHI - Diathesis as child, ? "ARTHRITIS" ? R/D, ?
MEDS - Valium 10mg QD

FH



(+) Tb - maternal uncle; gastric matter

SH Born - Italy
Immigration - 1927
Work - Machanic - 1968
ETOH - Occas.
Smoke - 1 ppd X 35 yr D/C several years ago
Coffee - 5 TEA - 2-3 cpd
Military - 1942 - 1943 - D/C MALARIA, Typhoid
TRAVEL - 1945 GERMANY

EXHIBIT AC-11
page 4 of 39

THE NEW YORK HOSPITAL

ROS - malaise ± chills, fever
WT Loss 9 lbs ± la carbohydrate diet 265
HEENT - headaches, seizures, ~~earache~~
± epistaxis,
poor dentition, & gingiva
± goiter
Pul - ± cough, hemoptysis, pneumonia, immobility TB
CV - tightness sensations, ~~chest~~ chocking sensations
± PND, SOB, DOE, murmur
GI - N & V ± GB ; ± GI obstruction - vomited "feces"
± hematemesis, hepatitis,
constipation
± steatorrhea, diarrhea, melena, BABPR
GU - ± discharge, dysuria, frequency, nocturia
MS - Arthralgias, spondylitis, hips, knees, shoulders
± edema
Endo - Borderline D.M.

PE: BP 128/78 supine 116/78 sitting R=L
HR 78
RR 16
Afebrile

WD WN W male NAD

Skin - anicteric, ± rash
slight bilateral pitting edema

Head - atraumatic, normocephalic

Eyes - anicteric sclera
Conjunctiva pink
PERRLA, full EOM
fundi: well marginated discs
some exudates

Ears - TM's intact
Weber - to (R)
Rinne - A > B (L)
B > A (R)

EXHIBIT AK-11
page 58/39

1 25 74 F11 A12 SP P

DATE (MO., DY., YR.)	LOCATION	SERVICE	M	30 15 62
53 AGE	DOCTOR: Dreyfus	ERUSCH 14293		ALFONSO

266

CC1

Vienti - [illegible] tissue [illegible]
[illegible]
[illegible]
Neck - ō thyroid - A, JVD, HJR.
Fresh midline
carotids palpable ō bruit
Nodes - ō adenopathy
Chest - [illegible]
normal P & A
Car - PMI 5 LICS/MCL ō thrust
S1 S2 nl · S2 physio split
R2 < A2
ILAT [illegible]
max LSB - (2-4)
ō Ⓒ
ABD - soft - midline well healed surgical scar
McBurney - incision well healed
ō L S B K organs
NL BS, no bruits
Pulses RAD BRCA fem DP PT
R +2 +2 +2 +1 +2
L +2 +2 [illegible]
Extremities - clubbing
ō edema cyanosis
Ext fem - uterine · [illegible] · VV TESTIS

Rectal - prostate normal
ō tenderness
no stool
Sphincter - ō tenderness

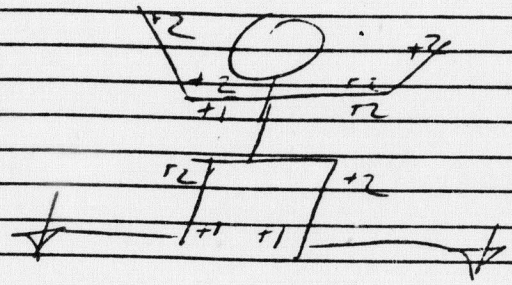
EXHIBIT AC-11
page 60 of 39

Neuro - oriented x 3
CN's I - XII intact
Motor R U & L - 4+ & proximal
L U & L - 5
good tone
Sensory - ↓ light touch, pin, 2 pt.
intact V1, V2, ↓ bilateral V3

Cerebellar - RAMS
E-T-N H-T-S intact
pass balance - ↑ eyes open & closed

Cont - - fails F to (L) ↑ speed
Sensation - can't feel toes

Reflex - ↑ stiffness



Cathi Cat

EXHIBIT AC-11
page 7 of 39

LABS: Na 137 BUN 16
K 3.9 Sugar 95
Cl 111
CO_2 24

268

WBC 6.9 Platelet 180X10^3
Hgb 15.7 Bct 0.4
Hct 46.1
L 50 M 5 E 4 P 41
MCV 9.8 MCH 31.5 MCHC 34.5

PT 10.9/11.3 PTT 29.8/30.9

RATE 72 RHYTHM NSR PR 0.16 QRS .07 ST 0.40
AXIS +30°

Interpretation NORMAL TRACING

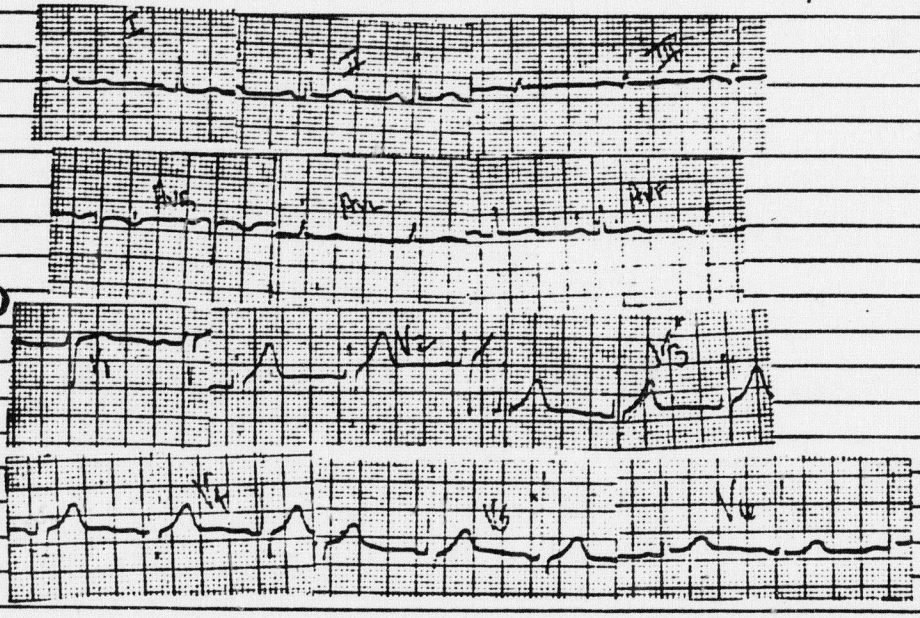


EXHIBIT AC-11
pg 8 of 39

DATE (MO., DAY, YR.) | LOCATION | SERVICE

53 AGE | RESIDENT Dreyfus 1429-3 | BRUSCHI ALFONSO

IF NO PLATE, PRINT NAME, SEX, AND ADDRESS NO.

209

S&F 53 yo mechanic c 11 yrs hx of dizziness (lightheadedness) and palpitations. Appears c documented low blood sugar and brief syncopal episode.
Pertinent hx as to occurrences of symptoms
Physical exam unremarkable save diabetic retinopathy, hearing deficit, numerous surgical scars and
① Sensory & motor weakness. Lab values totally unremarkable.

Thrust of i/p oriented toward determining if indeed there is any hypoglycemia present here and of what origin. Will plan to i/p
for renal, pancreatic function as well as CT. Also then have question of bilateralness as well as question of pressure-like chest pain ? cardiac origin. Further note as to hx of Lues.

Problem List

#① Lightheadedness - syncopal episodes — Plan
Possible - hypoglycemia - reactive — GTT c insulin
- fasting — keto's
- diabetic — consult c AM
- steroid — I/P
- pancreatic — CT
- dumping syndrome

Possible hyperthyroid — T3, T4
Possible cardiac - arrhythmia — EKG, Trops
Possible functional — cardiac enzymes

#② Diabetes Mellitus Adult Onset - GTT
- Diet

#③ ~~Liver~~ Liver trouble - LFT's

#④ OLD Lues

#⑤ Hemisensory & motor defect - — EXHIBIT AC-4
Possible - Lues — page 90 of 39
- CVA — EEG
- Hypoglycemia — Skull & Trans

Mallucci
Landau

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270

1/29/74 - IRR Note

53yo WO" c IP upon hx of severe episodes of "hypoglycemia" which he says have been documented c low blood sugars. He describes 2 different types of attacks — chest/abd pressure & distension occurring ½-1 hr pc usual "light headedness" occurring ~ 1-2 hrs pc. Symptoms total of ~ 6 times in past 10 years. Claims relief of "hypoglycemia" ~ ½ hr. after ingestion of sugar. Symptoms presented c symptomatic pain & had cholecystectomy, vagotomy, pyloroplasty & HH repair. Received unspecified PCN in 1971 for + VDRL

PE: As per Dr Miller - otherwise generalized hyperreflexia.

Comment - Patient gives distinct impression of functional disorder type & may well have nothing or underlying W/U. He may have hypersecretion of insulin to pc glucose early for several reasons: 1) Rapid emptying of stomach 2° gastroplasty 2) Overactivity of enterodiabetic axis 2° vagotomy [Lancet II 163 (73)] 3) Intrinsic overactivity of enteroinsular axis. ? ↑ peptide such as intestinal glucagon [NEJM 288 1206 (73)] 4) Delayed ↑ insulin release 2° adult DM.

Plan: Oral GTT Times c IRI's & frequent early sampling as per Dr Dreyfus,
r/o insufficiency of adrenergic response, pre-ins & post-Cortrosyn stimulation test
Consider IV GTT to separate intestinal & pancreatic factors if oral GTT markedly abnormal.
Several AM fasting sugar & insulin level for suggestive insulin deficiency.
Several endocrine W/U & VFT as outlined previously.

K Blanchard

EXHIBIT AC-1
page 10 of 39

1/30/74 Stable
on Diet
Will get Chem 6 & INT consults with Dr Dreyfus being done

1/31/74 GTT Investigation

DATE 2-28-74	LOC 2W14	SERVICE	M 38 15 22
AGE	DOCTOR		BRUSCHI, ALFONSO (IF NO PLATE, PRINT NAME, ROOM, AND HISTORY NO)

271

SERUM LIPOPROTEIN DISC ELECTROPHORESIS, CHOLESTEROL AND TRIGLYCERIDE RESULTS

Serum Lipoprotein Disc Electrophoresis

Chylomicrons _____

Subchylomicrons _____

preBeta Lipoproteins _____

Beta Lipoproteins _____

Alpha Lipoproteins _____

SERUM

Cholesterol 241 mg%

Triglycerides 162 mg%

Turbidity clear

FEB 1974

THE LABORATORY FOR CLINICAL CHEMISTRY

EXHIBIT AC-11
page 11 of 39

DATE (MO., DY., YR.) | LOCATION 1429 3 | BRUSCHI ALFONSO | 272

10....1...n

BY NO PLATE, PRINT NAME, SIGN, AND NOTARY NO.

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF RADIOLOGY

NAME BRUSCHI, ALFONSO LOCATION F14 AGE 53 381522 HISTORY NO.

DATE 1-26-74 CLINICAL DATA:

CHEST, PORTABLE, SITTING 9:0am.

Cardiac silhouette does not appear enlarged. There are no segmental infiltrates or effusions.

Dr. Jacobs
mc 1-27-74

1/28/74 w/u in Progress
above LFT's, Alk Phos & SGOT

1/29/74 Nummular dysfunction c shx GT
Dyspnea & Diastolic pressure like
pain - PE unchanged
Suggest EKG

1/29/74 ENT Consultation
Pt. Dr. Dayton's Adm for control of diabetes. Involved ENT Hx. '69 destructive labyrinthectomy AS for menieres, '72 second destructive procedure. Vertigo & fullness, persist. Also + VNRC Bx adequately in past And fluctuating hearing loss in the right ear.
PE Ears- clear TM's intact
Nose- crusting c (R) septal deviation
Mouth- clear
Pharynx- clear
Larynx- n
Neck- SLP excision (L) submandibular gland

EXHIBIT AC-11
page 1 of 39

Imp ① s/p destructive procedures
② eAv
③ Fluctuating hearing loss ④ 273
eAv ± Rep VVIR

Disp. ① will get audio
② Even in case of diabetes, pt. need steroid therapy to keep hearing in the eAv (ie Prednisone 20 mg QD)
Will discuss ± Dr. Rheyfus.

Thank you.
M. Sharon Kelly
4L 6915

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4/29/74 Called to see patient c complaint of chest pressure, SOB, & nausea. On exam patient diaphoretic & pressure like sensation in chest radiated from epigastric & L shoulder which resolved since CCU the ASA. No adventitious sounds
VS 145/72 HR 92 RR 20
Lungs clear. Con NSR

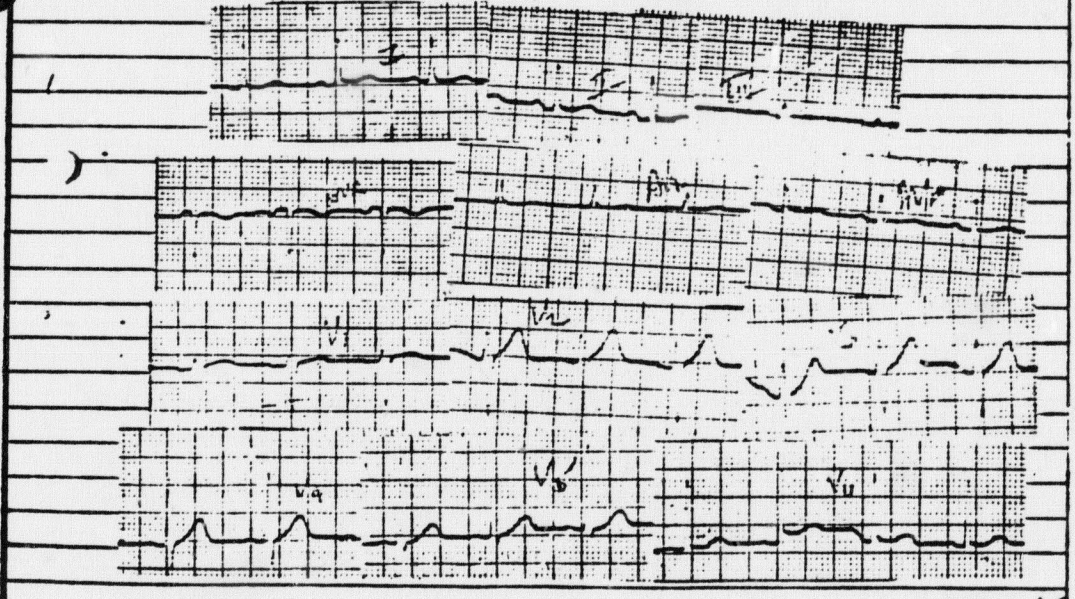


EXHIBIT AC-11

Above EKG shows no change since admission
Impression - normal tracing

pg 13 of 39

DATE (MO., DY., YR.) | LOCATION 1929 Perrine, Mc | BRUSCHI ALFONSO

53 | DOCTOR Dreyfus

(IF NO PLATE, PRINT NAME, DEG., AND ADDRESS OF MD.)

274

1/30/74

Results of yesterday's oral GTT (1 bottle Glucola)

	Fast	10'	20'	30'	45'	60'	90'	2hrs	3hrs	4hrs	5hrs
Glucose	87	126	157	197	216	226	196	91	32	58	62
insulin											

Oral GTT suggestive of an alimentary type of hypoglycemia
He reports Sx at time of 48 sugar but did not feel well
& said that sugar would be low
Plan IV GTT for tomorrow
VGI today
Contrast stimulation under way this AM

Blandaid

1/30 Neuro

Requested to evaluate pt's neuro status.

To review historical details
+VDRL's symptoms suggestive of CNS [illegible] or PNS involvement by [illegible]
H of Mental but at
degree intermittent benign.
(1) atypical Hertoma 1969
(2) sided Sensory defect
since LWT - Cause unknown
Uneventful spit since
1969 surgery
Fainting attacks 2°
low blood sugar

Discuss any other neuro
Sx or asked questions.

EXHIBIT AC-1 page 14 of 39

NEW YORK HOSPITAL

Alert oriented x 3 President
N - FDR. Simple Calculations
well done. Recalls 3/3 words 275
all 3 mins. Names Name
Listens & all 5 NL Responses
CN I hearing I>L
Full Fields VF visual fields.
Intact pupils Pupils
I> pupil to (R) I face Int
I intact I corneals I facial
Hello.

Int I Smile Shrug
Extension Candidi I.
Motor all. NL
I-2 I. NL to. touch
Flexion I I.

Hearing Intact to
deep pain Pain touch
vibration I position Nose
Cerebellar NL RAMs
F-N & H-S Unsteady
gait & Romberg I
to (R)

Speech NL

Left No sign of
nerve disease 2°
lies.

gait I (L) hearing
difficulty is 2° removal
of (L) labyrinth & cochlea
nerves probably after

53 1427 BRUSCHI ALFONSO

276

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF RADIOLOGY

36 15 22

NAME Bruschi, Alfonso LOCATION F14 AGE 53 HISTORY NO.

DATE 1-26-74 CLINICAL DATA:

CERVICAL SPINE:

There is mild osteoarthritic change. There is no finding to suggest ankylosing spondylitis. Disc spaces well maintained.

IMPRESSION: Mild osteoarthritis.

Dr. Poker/ek 1-28-74

1/30/74

EXHIBIT AC-11
page 16 of 39

1/31/74 Abnl LFT's
Plan Liver Scan IV Cholangiogram
Liver Bx
~~Hold~~ Urine Steroid until
w/u complete

1/31/74
#1 Hypoglycemia
S: Light headedness, SOB, pressure on Chest/Abdomen
O: Diaphoresis, HC 76-90 BP 125/78 RR 18

PTT	Glucose	Ketone urine
~~Fasting~~	87	neg
20'	126	
20'	157	
30'	197	+2
45'	216	
60'	236	+2
90'	186	
2hr	91	+1
3hrs	38	neg
4hrs	58	neg
5hrs	62	

Patient complained of dizziness, pressure in chest/abdomen at 3HRS & glucose 38 Parenteral dextrose given
Cortisol & post cortisol stimulation studies
IV GTT Urine LFT Urine insulin
Assessment: Patient has been complained of hypoglycemia and with pancreatic pt with documented hypoglycemia. Must await results.
Plan: Will be done & Monitor hypoglycemia

#2. Diabetes Mellitus related visit #
S: —
O: Voluntary GTT Management medication hypoglycemia
P: To follow

#3 Abnormal LFTs
S: none
O: Patient awake & no acute distress

EXHIBIT AC-11
pg 170/39

Hyperglycemia and post-operative hypothyroidism on existing thyroid
Amylase 164 LDH 204 TP 9.2 SGPT 67
Bili 0.6 SGOT 84
Ca 9.4 Alk Phos 127

DATE (MO., DAY, YR.) | LOCATION 1429 2 | SECTION med

30 15 22
BRUSCHI ALFONSO 278
BY HIS PLATE, PRINT NAME, SEX, AND HOSPITAL NO.

AGE 52 | DOCTOR Dreyfus

A. Patient has evidence of mild hypothyroidism & hypercholesterolemia. Hypothyroidism has been present since at least the admission to VA System (4 the past) & it is difficult to differentiate source of abnormality.

Plan: 1) TSH
2) Lipid Assay
3) ? Liver biopsy

#1 Old Dues

#3 Hemiscrotomy, mitral defect.

S: same

O: Patient unchanged to my exam.

Dr. R Cecil notes difficulty however feels that they are chronic non-changing and hence have no particular value in present situation. No arbitrary specificity

#6 Conduction hearing loss

S: O

Plan: endocrine

has been seen by Dr. Schlein. Are holding steroids for CB Schlein recommendation pending outcome of Endocrine W/O

J Miller
CLINIC III

2/11/74

#1 Hypoglycemia

S: Patient continues to have slight tenderness, SOB, pressure in chest & A

O: Oral GTT

	sugar	insulin
fast	87	11
10'	126	52
20'	157	110
30'	184	186
45'	216	280
60'	336	320
90'	186	320
2½	91	100
3h	38	15
4h	58	13
5h	62	11

IV GTT (77cc 76)

	sugar
fast	72
3'	262
5'	270
10'	299
20'	218
30'	187
45'	176
60'	155
90'	116

EXHIBIT AC-11 page 18 of 39

Exhibit attach ⊕ formal biostatistician all WW.
Dx: At present appears hyperglycemia very compliant w/ but at present fit diabetic hyperglycemic pattern ⊕ appropriate ⊖ early vascular Dis. The IV GTT however does have a 279 *k = .92 or R = 1.45 neither of which are diagnostic but highly suspicious of a diabetic IV GTT curve. Possibilities of increased rapid absorption ⊖ gut as noted in (NEJM 285: 1206-1210; 1973) this particular pt's insulin hyperglycemia responded well to ⊕ diet/pronase ⊖ the fact that the DBL depressed GI absorption of glucose.
Pl: Possible repeat GTT ⊕ pitressin/pronase pretreatment 45 min before glucola ⊕ 150 mg Rheopirin.

Julie Cumo

*k = 0.693 / T½
k < 1.0 = DM · R = 1.0–1.5 · suspicious k > 1.5 = normal
Dallin, Handbook of Endo pp 71-22, 1973

2/1/74 Will complete GI, Biliary, GI U/S Chest ⊕ Neurologic Report GTT ⊖ pitressin.
Call Hoerle UGI Series in X-Ray File soon
Patient Information Sheet
BONE Scan to R/O Pagets
Since Alk Phos 4x N ⊕ 5'NT and

J Mills Cumo

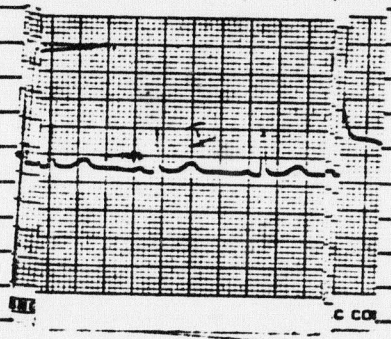
2/2/74 Patient still ⊕ Pressure ⊖ Reprep for IVP - Have rescheduled Tues clear for Thursday. Will Reschedule NK
Will obtain Bone Scan Tuesday
Patient now becoming somewhat difficult psychological/psychiatric management problem with a great deal ⊖ hostility Question possibility of Psychiatric Consult

J Mills Cumo

EXHIBIT AC-11 page 19 of 39

	4293 med	# 30 - 5 22	
53	Dreyfus	BRUSCHI ALFONSO	280

2/3 – 11:00 Patient complains of pain
onset today from injection → Throm
heart to chest - sharp in nature with
sudden onset while having BM. Vomiting
TWE for clean out. Head not hurt.
Denies meds or allergies. Within
Clarine shortness of breath
BP 160/88 HR 90 RR 18
Patient not diaphoretic NAD
Lung clear CV NSR
Abd - more tender
EKG shows no acute distress



Patient discovered spontaneously
Impression
Anxiety Attack vs
Hypoglycemic attack

V. Mullie
CMC
IV

2/4/74 Pathology 10^30a

Benadryl 50mg IM administered for urticaria
& pruritus following Cholografin IV infusion.

EXHIBIT AC-11
page 26 of 39

THE NEW YORK HOSPITAL

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF RADIOLOGY

NAME Bruschi, Alfonso LOCATION F14 AGE 281 HISTORY NO.

DATE 1/30/74 CLINICAL DATA:

ATT. RAD.: 381522

DAY NO: WED 305

UPPER G.I. SERIES
1:08 PM Thursday, January 31st, 1974

There is a small hiatus hernia. Minor reflux is noted. The esophagus demonstrates no evidence of esophagitis.

A normal pyloroplasty deformity is demonstrated. Metallic clips are present from previous vagotomy. There is no evidence of gastritis or ulcer in the stomach.

The remainder of the esophagus, stomach and duodenum are within the range of normal.

IMPRESSION: ESOPHAGUS: HIATUS HERNIA WITH REFLUX.
POST-OPERATIVE STOMACH: PYLOROPLASTY DEFORMITY; VAGOTOMY CLIPS.

SMALL BOWEL
1:08 PM Thursday, January 31st, 1974

The small bowel is within normal limits. Mucosal pattern and peristalsis appear unremarkable. There is no evidence of significant radiographic abnormality. The transit time was approximately 30 minutes to one hour. The terminal ileum is opacified; no abnormality is noted.

IMPRESSION: NORMAL STUDY OF THE SMALL BOWEL.

DR. KAZAM

EXHIBIT AC-11

page 1 of 39

2-4-74 | F-14
DATE (MO., DY., YR.) | LOCATION | SERVICE

Miller
AGE | DOCTOR

BRUSCHI, Alfonso
M 38 15 22
IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO

282

DIVISION OF NUCLEAR MEDICINE

PROCEDURE: Liver Scan # 5580

DOSE: 3.0 mCi ^{99m}Tc sulfur colloid

REMARKS: Multiple images of the liver obtained with the scintillation camera demonstrate it to be normal in size, shape, position and distribution of radioactivity.

The spleen also appears normal in size.

An anterior view is shown.

James R. Hurley, M.D.

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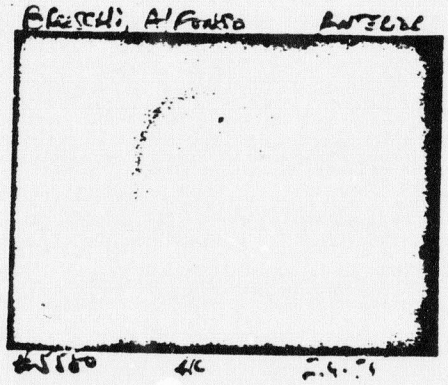

EXHIBIT AC-11
page 22 of 39

45186

DATE (MO., DY., YR.) | LOCATION 1429 | SERVICE med

AGE 53 | DOCTOR Dreyfus

ERUSCHI ALFONSO

BY 3RD PLATE. PRINT NAME, SEX, AND PATIENT NO. 285

2/4 Patient well thus had episode of urticaria c IVC Rx'd Benadryl & subsides.

IVC - normal biliary tree
Liver scan - normal liver
UGI - normal study

Plan: Bone scan tomorrow
Ⓒ GTT - & 3rd - Weds

Miller Wmett

2/4/74 W/u Jaundice — Talc Pleurx, ? liver scan ? ERCP IVC will decide on liver Bx after bone scan
Chemistries/Challenge 2/6/74
Hepatitis & SMA series sent/Liver Enzyme Cholescan time

Dreyfus

2/5/74 Bone scan today & liver functioning tests pt. still w/ mucosal dryness with

Dr Dreyfus

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EXHIBIT AC-11
page 83 of 39

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

DEPARTMENT OF RADIOLOGY

NAME Bruscni, Alfonso LOCATION F 14 AGE HISTORY NO. 381522 284

DATE 2/4/74 CLINICAL DATA:

ATT. RAD.: DAY NO: MON 318

INTRAVENOUS CHOLANGIOGRAM INTRAVENOUS CHOLANGIOGRAM
4:10 PM Monday, February 4tn, 1974

Status post cholecystectomy. Normal common bile duct.

IMPRESSION:

Dr. Kazam

2/6/74 Apparently good response to Ampicillin (TID) [illegible] weeks
[illegible] D/C [illegible]
Begin Hep Protein test
Albumin date chart

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EXHIBIT AC-11
page 24 of 39

2-7-74 | F-14

DATE (MO., DY., YR.) | LOCATION | SERVICE

Blanchard

DOCTOR

BRUSCHI, Alfonso
M 38 15 22

285

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO

DIVISION OF NUCLEAR MEDICINE

PROCEDURE: Bone Scan # 432

DOSE: 3.0 mCi Fluorine-18

REMARKS: Normal bone scan.

A posterior view is shown.

James R. Hurley, M.D.

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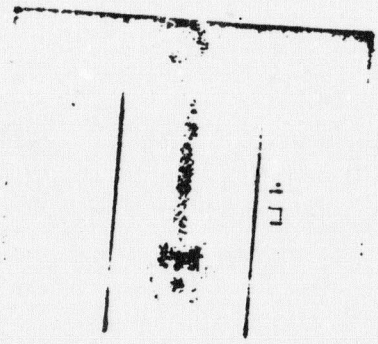

EXHIBIT AC-11
page 25 of 39

45106

THE NEW YORK HOSPITAL

DATE (MO., DAY, YR.) | LOCATION 142-3 | SERVICE med | BRUSCHI

53 | SEX | STATUS Dayton | 286

OR NO PLATE, PRINT NAME, SEX, AGE AND HOSPITAL NO.

2/6 Patient had phenformin GTT today with apparent amelioration of symptoms at 3 hrs. Urines remained neg throughout. Will await glucose, insulin levels.
Patient had two episodes tonight of
#1 pressure sensation in head & dizziness - symptoms similar to hypoglycemic attacks - glucose 111 BP 142/86 HR 110
#2 pressure in head now & SOB
RR 20 BP 142/86 HR 92
Glucose 88
Patient was in no distress on either of these occasions. EKG's not taken as episodes passed by time above parameters were taken.
Impression: Anxiety Attacks

J Mills Cusick

2/7/74 GTT & phenformin is unremarkably normal suggesting that treatment & 25 TID and low CHO high protein diet is indicated
Bone scan normal
will get liver BX in Hon (Dr. Klein)
NPO & midnight
CBC & platelets & fasting
Protime

Patient does not want liver BX at this time
Plan DBT 25 TID
High Diet
High Protein

Will plan discharge
Sat or Sun 2/9/74

J Dayton

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EXHIBIT AC-11 ROA 1350

2/8/74

Insulin levels will not be done until 2/13 ~~x 287~~
may be obtained at x6472

2/8/74 Stable today
Continue 1-2 days at
DBI

2/8/74

#1 Hypoglycemia
S: Improved ~ DBI
O: GTT ↓ DBI normalized curve
A: Patient has alimentary hypoglycemia
~ Rapid GI Transit, Rapid absorption
possible hepatic component.
P: DBI 25 mg po TID
Lo CHO, Hi protein diet

#2 Diabetes Mellitus - Chemical.
S: -
O: Abnormal IV. GT suggestive of DM.
P: As above

#3 Abnormal LFT's
S: none
O: Bili 0.6 LDH 204 5'NT 7
Alk Phos 140 TP 8.2 Alb 4.0/4.2
SGOT 89 SGPT 70
Normal Liver Scan
Liver Bx - refused
A: Patient possibly with toxic chemicals
as mechanism Hist. while he denies ETOH one
wonders as he does consume alcoholic beverages
& the possibility of ETOH Hepatitis. Patient also has
Abnormal LPT's secondary to disease

#4 Old CVA VDRL 1:8 Neuro exam ~~EFT~~ Defective

#5 Neurosyphilis - old - Etio unknown

#6 Conductive hearing loss

#7 Hysterical personality

EXHIBIT PC-11
page 27 of 39

DATE AND HOUR | LOCATION | SERVICE

AGE | SEX

38 1522 b

288

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

J-TA Secretary

FEB 7 1978

52 yr o ♂ from Serology List c VDRL ⊕ 1:8 FTA ⊕. Pt has Hx of ⊕ Serology

Med. L" tx. meeting for review

Additional C/A

THE NEW YORK HOSPITAL
Division of Nuclear Medicine

'RESIN UPTAKE'
Resin uptake of labelled triiodothyronine

NAME Brustie Alfonso

History Number 38 15 22

F-11" 1/31/78
Location Doctor Date

'Resin Uptake' 24 % Date of Specimen 1/26/78

The tentative normal range is: 26-38%

Hyperthyroid patients have values above and hypothyroid patients below this range.

David V. Becker, M.D.

EXHIBIT AC-11
page 88 of 39

45404 THE NEW YORK HOSPITAL

DATE (MO., DY., YR.) | LOCATION 1429 3 SERVICE med | M 3 BRUSCHI [illegible]

53 | DOCTOR Dreyfus | 289

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

2/9/71 Essential Clinic prescription on Phenobarbital 15 mg. Limited Prescription Control, will switch to DILANTIN

Discharge in AM
F/u Clinic 10 days Parks

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M 38 15 CC

BRUSCHI ALFONSO

290

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Procedure: Dillon, Handbook of Endocrinology pp 71-72 (73).

Interpretation: $k < 1.0$ = DM

1.0-1.5 = suspicious

> 1.5 = normal

(√) Two lines represent extremes which might be drawn from the data obtained. Line of $k = 0.92$ has more statistical weight, so presumably a calculated straight line of best fit would have a k of 1.0-1.1, i.e. in the "suspicious" area

$k = 0.92$

$k = 1.45$

$T\frac{1}{2}$ 48

133

$T\frac{1}{2}$ 75

10 20 30 40 50 60 70 80 90

EXHIBIT A (11 pages) 30 of 39

DATE (MO., DY., YR.) | LOCATION | SERVICE

DOB/DOD 12/5/09 | Drug Fac | 1429[3]

BRUSCHI ALFONSO 291

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO

HEMATOLOGY

BLOOD GROUP | RH

(Top Edge — Attach Laboratory Reports In Date Order)

	DATE 12:57	DATE	DATE 3:51
	TEST NO. 0 2 5	TEST NO.	TEST NO. 2 0 6
WBC	3 • 6	•	0 4 •3
RBC	1 • 3 0	•	4 • 2 7
HGB	1 5 •7	•	1 3 •9
HCT	6 •1	•	3 9 •5
MCV	9 3 •	•	0 9 4 •
MCH	3 1 •5	•	3 3 •2
MCHC	3 3 •5	•	3 5 •9
LYMPH %	50		32
ATYP. LYMPH			
MONOCYTE	5		5
EOSINOPHILE	4		
BASOPHILE			
POLYMORPH.	41		43
BANDS			
METAMYELO.			
MYELOCYTE			
PROMYELO.			
BLASTS			
UNCLASS.			
NUC.RBC/100 WBC			
PLT. ON SMEAR	adq		adq
PLT. x 10³	180		
RETIC. CT.	0.4		
RBC NORMAL		☐ RBC NORMAL	✓ RBC NORMAL
ANISO.		ANISO.	ANISO.
POIK.		POIK.	POIK.
POLYCHROM.		POLYCHROM.	POLYCHROM.
STIPPLING		STIPPLING	STIPPLING
TOXIC GRAN		TOXIC GRAN	TOXIC GRAN
OTHER CONSTIT.		☐ OTHER CONSTIT.	☐ OTHER CONSTIT.

NORMAL ADULT COULTER'S VALUES	
WBC x 10³	M 7.8±3 F 7.8±3
RBC x 10⁶	M 5.4±.7 F 4.8±.6
HGB GM%	M 16±2 F 14±2
HCT %	M 47±5 F 42±5
MCV μ³	M 87±7 F 90±8
MCH μμg	M 29±2 F 28±2
MCHC %	M 34±2 F 34±2

DIFF. ☐ CBC ☐

☐ BILL ☐ PAID CHARGE

LAB. NO. 133

PRINT AND ONLY!

ADDRESS

DATE OF SPECIMEN

LOCATION

SERVICE

DIFF. AND SMEAR DESCRIP.

Right Edge of 4th Report →

Right Edge of 5th Report →

2 0 74 •14 813

BRUSCHI ALFONSO

CHART COPY CHART COPY CHART COPY

Other Comments (Include Date):

EXHIBIT AC-11

page 3/6/39

HEMATOLOGY OTHER

292

Prothrombin Time (seconds) Normal <13 seconds

Date	Patient	Control	Date	Patient	Control
1/25	10.9	11.3			

Partial Thromboplastin Time Normal <42 seconds

Date	Patient	Control	Date	Patient	Control
1/25	24.8	30.9			

Fibrinogen Normal 200-400 mgm%

Date	Fibrinogen

Clotting Time Lee-White Normal <12 minutes

Date	Clotting Time	Date	Clotting Time	Date	Clotting Time

Bleeding Time Normal <7 min.

Date	Bleeding Time	Date	Bleeding Time

TEST	ADULT NORMAL VALUES	DATE							COMMENTS
ED R (corrected) (mm/hr.)	Male 0-6.5 Female 0-15	1/28/72							
nti-Nuclear ntibodies (ANA)	Negative								
E Prep.	Negative								
eukocyte Alkaline osphatase (Slides)	Score 20-60								
toglobin	70-150 mgm%								
6-PD (Screening)	Negative								
ckle Prep.	Negative								
moglobin	A Hgb								
ctrophoresis	A_2 Hgb<3.5%								
etate Strips)	Fetal Hgb<2.0%								
	Other-Negative								
ol H. Globin (Hb. Denaturation)	<2.0%								
um Iron	60-120 ug%								
al Iron ding Capacity	260-370 ug%								
turation %									
min B-12 um Level	300-1000 pg/ml.								
um Folate	7-16 ng/ml.								
robius tetrazolium T (Inf. Disease)									

DATE	
	Cord Blood: Blood Group Rh Direct Coombs

EXHIBIT AC-11 pag. 3 de 139

DATE (MO., DY., YR.) | LOCATION | SERVICE

36 45 22
BRUSCHI ALFONSO 293

DOCTOR Dr. Yahn 14293

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

BODY FLUIDS

URINE									
Date	1-25-74	1-30-74	2/4/74						
Color	Lt. Yellow	Lt. yellow	Yellow						
Sp. Gr.	1.020	1.030	1.009						
pH	5.0	5.0	5						
Protein	0	0	0						
Sugar			0						
Ketones			0						
Occult Blood			0						
Bilirubin	0	0	0						
Urobilinogen			—						
Microscopic									
RBC/h.p.f.	0	0	0						
WBC/h.p.f.	0-3	0-2	occ						
Casts/l.p.f.	0	0	0						
Miscellaneous		Bact. mod. few amorph. urates							

FECES																
Date	1/20/74	1/21/74	2/3/74													
Occult Blood	Neg	Neg	Neg													

SPINAL AND OTHER BODY FLUIDS

Date	Specimen / Appearance	Sp. Gr.	RBC/mm³	WBC/mm³	% PMN	% Lym.	% Mono.	% Eos / % Baso.	Urates / 10³ WBC	Organisms Seen	Sugar Mg %	Protein Mg %	Chlorides as Eq./L
										EXHIBIT AC-11			

BODY FLUIDS continued

GASTRIC ANALYSIS

P.S.P. 294

Date	Time of Specimen	Vol. (mL)	pH	Total Free Acid	Description	Occult Blood	Date		
							Time	Vol. (mL)	%

Date	TUBELESS GASTRIC ANALYSIS (DIAGNEX TEST)		

OTHER LABORATORY DATA

Oral GTT 1/29/74

	sugar	insulin
Fast	87	11
10'	126	52
20'	157	110
30'	197	180
45'	216	260
60'	236	320
90'	186	320
2hr	91	100
3 hr	38	15
4 hr	58	13
5 hrs.	62	11

IV GTT 1/31/74

	sugar	% /6
Fast	72	Fast 77
3'	2.62	15' 105
5'	270	45 135
10'	244	60' 133
20'	218	90' 127
30'	189	2hr 97
45'	176	3 hr 58
60'	155	4 hr 71
90'	116	5 hr 77

Oral GTT 2/6/74 (150 mg DBI-TD ~2 hrs before test)
(all urines negative)

	sugar	insulin
Fast	77	
15'	105	
30'	135	
45'	135	
60'	133	
90'	127	
2 hr	97	
3 hr.	58	
4 hr	71	
5 hr	77	

DEVELOPMENTAL TESTS

EXHIBIT AC-11
page 34 of 39

GASTRIC ANALYSIS

Date	Time of Specimen	Vol. (ml.)	pH	Total Free Acid	Description	Occult Blood

P.S.P.

Date	Time	Vol. (ml.)	%

Date	TUBELESS GASTRIC ANALYSIS (DIAGNEX TEST)			

OTHER LABORATORY DATA

Date	
6-6-74	Serum Insulin: 10 Microunits/ml fasting
"	Serum Insulin: 50 Microunits/ml 15 min.
"	Serum Insulin: 94 Microunits/ml 30 min.
"	Serum Insulin: 120 Microunits/ml 45 min.
"	Serum Insulin: 120 Microunits/ml 60 min.
"	Serum Insulin: 120 Microunits/ml 90 min.
"	Serum Insulin: 83 Microunits/ml 2 hrs.
"	Serum Insulin: 14 Microunits/ml 3 hrs.
"	Serum Insulin: 15 Microunits/ml 4 hrs.

DEVELOPMENTAL TESTS

EXHIBIT AC-11
page 35 of 39

JAN 28 1974 | VOL | LOCATION | SERVICE

38 15 22

296

If No Plate, Print Name, Sex, and History No.

AGE | DOCTOR

MICROBIOLOGY

CULTURE REPORT

Date Spec.	1-24-74				
Date Reported	1/28/74				
Type Spec.	urine				
Accession No.	1251				
No Growth					
Normal Flora					
Staphylococcus aureus					
Staphylococcus epidermidis					
Beta streptococcus					
Viridans streptococcus					
Streptococcus fecalis					
Streptococcus					
Pneumococcus					
Bacteroides					
Diphtheroid Bac.					
Haemophilus					
Neisseria					
Citrobacter					
Escherichia coli					
Klebsiella-Enterobacter Group					
Salmonella					
Shigella					
Proteus					
Pseudomonas aeruginosa					
Clostridium					
Serratia					
Providencia					
Yeast-Like Organisms					
Presumptive Group "A" by Disc					
N. gonorrhoeae NOT Recovered					
URINE - No. Bact./ml.	10^5				
STOOL CULTURE					
Salmonella & Shigella Not Recovd.					
Coliform Bacilli Sparse or Absent					
BLOOD CULTURE					
T.S. Broth					
B.H.I. Broth					
Thioglycollate					

ANTIBIOTIC SENSITIVITY TEST (Disc.)

Date Spec.			
Date Reported			
Specimen of			
Organism Tested			
Penicillin			
Methicillin			
Nafcillin			
Erythromycin			
Ampicillin			
Streptomycin			
Chloramphenicol			
Tetracycline			
Colistin			
Kanamycin			
Sulfisoxazole			
Furadantin (Chem.)			
Nalidixic Acid			
Neomycin			
Cephalothin			
Gentamicin			
Carbenicillin			
Bacitracin			

R—Resistant MR—Mod. Resis. S—Sensitive

SMEAR REPORTS

Date	

AGGLUTINATIONS

Month Day Year	Acc. No.	Weil H	Weil O	Weil Felix (OX 19)	Brucella

Comments:

EXHIBIT AC-11
page 36 of 39

THE NEW YORK HOSPITAL — LABORATORY II

DEV-8-72

1
See pg 2

DATE (MO. DY. YR.) | LOCATION E-L | SERVICE

[illegible], ALFONSO

M 38 15 22 297

AGE | DOCTOR

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

SEROLOGY & IMMUNOLOGY

SEROLOGICAL TESTS FOR SYPHILIS

BLOOD				SPINAL FLUID		
Month Day Year	VDRL	Titer	F.T.A.	Month Day Year	VDRL	Titer
1-28 74	[illegible]	1:8	[illegible]			

OTHER SEROLOGICAL TESTS

Month Day Year			
Heterophile			
Beef Cells			
G.P. Kidney			
Coombs Test, Direct			
Antibody Ident.			

SEROLOGIC TESTS FOR VIRAL DISEASE

Date Specimen						
Test Report Date						
Type Test						
Result						
Agent						

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OTHER LABORATORY DATA

Date	
1-29-74	Serum Insulin: 116 Microunits/ml. 20 minutes Fasting Normal: 10-20 Mu/ml.
1-29-74	Serum Insulin: 11 Microunits/ml Fasting Fasting Normal: 10-20 Mu/ml.
1-29-74	[illegible] 52 [illegible] 10 minutes

REV-8-71

THE NEW YORK HOSPITAL — LABORATORY IIB

EXHIBIT AC-11
page 374/39

DATE (MO., DY., YR.) | LOCATION | SERVICE

38 15 22

BRUSCHI ALFONSO 298

DOCTOR Dr. Kahn

14029-3

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

10M CHEMISTRY*

Tests with Normal Ranges**	1/25	1/25/N	1-24-N	1/24	1/26 Dorsal	1/31	2/5	2/6	2/6 2 PM	2/7
Amylase (40-140 units)			164	136						
Bilirubin (0.1-1.0 mg%)			0.6							
Bilirubin, Direct (0.0 n 2 mg%)										
Bilirubin, Indirect (0 1 0.8 mg%)										
Bromsulphalein (0-4 [illegible] %)										
Calcium (9.0-11.0 mg%)			9.4	9.6						
Chloride (97-106 mEq/L)	111						103			
Cholesterol (150-275 mg%)										
CO_2 Content (22-29 mM/L)	24						30			
Creatinine (0.6-1.4 mg%)			1.0							
Creatine : Phosphokinase (0-12 units)										
Dehydrogenase-LDH 80-200 mU/ml)			204		211		224			
Magnesium (1.5-1.9 mEq/L)			1.67							
5' Nucleotidase (2-15 mU/ml)				7						
Protein Bound I_2 (4.0 8.0 mcg%)										
pH (7.34-7.47)										
pCO_2 (35-51 mm Hg)										
pO_2 Arterial (80-90 mm Hg)										
Venous (25-40 mm Hg)										
Phosphorus (2.5-4.5 mg%)			2.5	2.7						
Phosphatase, Acid (0-1.1. units)										
Phosphatase, Alk. (30-85 mU/ml)			127	140			130			
Protein, Total (6.0-8.0 gm%)			8.2							
Albumin (3.3-4.7 gm%)			4.0							
Globulin (2.1-3.3 gm%)			4.2							
Potassium (4.0-5.5 mEq/L)	3.9									
Sodium (130-150 mEq/L)	137						140			
Sugar (FBS) (60-90 mg%)	95	108	82				98	88	111	82
Thyroxine (T_4D) (5-14 mcg%)			8.6							
Transaminase-SGOT (10-50 mU/ml)			89	89			85			
Transaminase-SGPT (5-40 units)					67		70			
Triglycerides (10-150 mg%)										
Urea Nitrogen (8-22 mg%)	16							12	7	
Uric Acid (2.5-8.0 mg%)			5.9							

**The normal ranges listed are approximate. The normal range can vary as a function of the individual, their age, sex, diet and other factors.

CREATININE &/OR UREA CLEARANCE

Month Day Year	Specimen	B.U.N. mg. %	Clearance % of Norm. Avge.	Max. or Standard
	1			
	2			
	1			
	2			

GLUCOSE TOLERANCE

ORAL ☐ INTRAVENOUS ☐

Month Day Year 1/29		Blood (mg. %)		Urine 1-29-N
FASTING	11/1	fasting 87		neg
½ HOUR	11/1 10'	121c	2hr 91	2+
1 HOUR	11/1 20'	157	3hr 38	2+
2 HOUR	11/1 30'	197	4hr 58	1+
3 HOUR	11/1 45'	216	5hr 62	neg
4 HOUR	11/1 60'	236		neg
5 HOUR	11/1 90'	186		neg

*Special sheets for clearance and diabetic studies are available for continuation.

SPECIAL CHEMICAL ANALYSIS (Hosp. Chem. Lab. only)

Date of Spec.	
1/28	Urine – 24 Hr. Vol 1720
	Ribonuclease 8.6
	C/H – creatinine 2.9
1/29	Urine – 24 Hr Vol – TV 2500
	Zinc 120
	Inorganic P 13.14
1/31/74	Am Content – 13 mg%
1/28	" Content – 10 mg%
1/30/74	Post St. Mpulation – 26 [illegible]
	Content

EXHIBIT AC-11

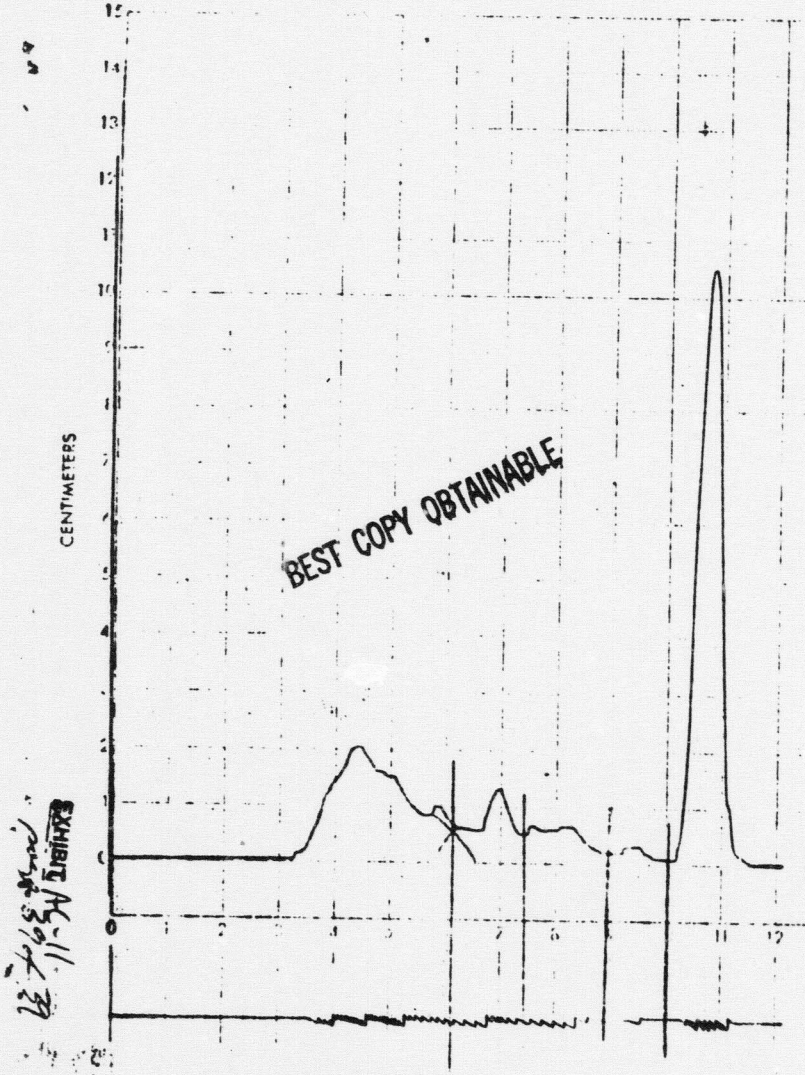
Bucchi
NAME

38 15 22
HISTORY NO.

FH
LOCATION

SERVICE

1/29
DATE OF SPECIMEN



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JAN 30 1974

THE NEW YORK HOSPITAL			
CHEMISTRY LABORATORY			
PAPER ELECTROPHORESIS			NORMAL LIMITS PERCENT
	AREA	PERCENT OF TOTAL AREA	
ALBUMIN	44	51	47-71
GLOBULINS α1	1	1	2.7-5.3
α2	6	6	5.1-12.0
β	9	10	8.5-15.7
γ	30	32	11.3-21.0
TOTAL	94		
REMARKS:			

EXHIBIT A-11-74 [illegible]

299

THE NEW YORK HOSPITAL

Chartered 1771

525 EAST SIXTY-EIGHTH STREET
NEW YORK, N.Y., 10021

300

August 15, 1974

Dept.of Hlth.Ed. and Welfare
Social Security Admin.
26 Federal Plaza
New York, New York 10007

Record: 38 15 22
Name: Alfonso Bruschi
335 East 94th Street
New York, New York
Your Ref: IHA-512

Gentlemen:

(x) The information you have requested is enclosed.

The information you have requested will be forwarded in compliance with your instructions upon receipt of the following:

( ) Upon discharge of the patient at which time a completed record containing the information you requested will be available to us.

( ) We are unable to find that this patient was ever treated at The New York Hospital. Upon receipt of additional information, history number- - if known; age, date of birth, address, etc., a further check will be made.

( ) A Consent form for the release of the information is required. A copy of this form is attached. If the patient is a minor, the consent form must be completed by a parent or legal guardian.

( ) The fee for the requested information is_____. The information will be forwarded upon receipt of your check, payable to The New York Hospital.

( ) The medical record pertaining to this patient has been temporarily misplaced. As soon as it has been located we will be in touch with you.

Other:

( ) Enclosed, our bill for _____, to cover the cost of processing your request ($5.00 plus fifty cents per page).

( ) Thank you for your check in the amount of _____. The information you have requested is enclosed.

( )

Exhibit AC-12
pg 1 of 1

Sincerely yours,

A. E. Cemelli

(Mrs.) Arlene E. Cemelli
Medical Information Department
Room F-138

THE NEW YORK HOSPITAL

SUMMARY

301

PATIENT BRUSCHI, ALFONSO

R N.Y.H. ADMISSION 53 M W Mar ADMITTED 1-25-74 HIST NO 38 15 22
DR. Joseph Dreyfus SP2 Med F14 DISCHARGED 2-10-74
RESULT Improved

PRIMARY DIAGNOSIS	Hypoglycemia Status post vagotomy, pyloroplasty Status post cholecystectomy Status post labyrinthectomy Chemical diabetes mellitus Abnormal liver function - etiology unknown Old treated lues Conduction hearing loss Osteoarthritis
OPERATION and/or PROCEDURE:	None
DISPOSITION:	To care of private physician

Reason for entering hospital: Patient entered hospital with ten year history of light headedness, diagnosed as hypoglycemia.

Pertinent physical, x-ray & laboratory findings: P. 78, BP 128/78, R. 16, HEENT - conduction hearing loss in left ear. Chest clear. Cardiovascular - II/VI systolic ejection murmur. Abdomen - old healed surgical scars. Pulses intact. Neuro-decreased sensation on right lower extremity; poor balance. Chest x-ray normal. IVC normal. EKG normal. Skeletal scan normal; liver scan normal. Upper GI series - rapid transit. Cervical spine - mild osteoarthritis. Urinalysis normal.

Electrolytes within normal limits. BUN 16, FBS 95, WBC 6.9, Hgb. 15.7, platelets 180 x 10^3. LDH 224, SGOT 85, SGPT 70, alkaline phosphatase 140. 5'NT 7, albumin 4.0, T4 8.6, cholesterol 241, triglycerides 162. 5 hour GTT - 3 hr. glucose 38. 3 hr. IV GTT - Diabetic (mild). 5 hr. GTT with DBI, 3 hr. glucose 58. Urinary keto and OH steroids within normal limits.

Course in hospital (medical &/or surgical therapy): Patient underwent five hour oral glucose tolerance test showing hypoglycemia at three hours with rapid early rise in insulin and glucose. Cortisol stimulation was performed with results pending. Intravenous glucose tolerance test showed diabetic curve with no hypoglycemia. A second oral glucose tolerance test was performed with premedication of 150 mg. DBI-TD causing a normalization of curve. Patient begun on DBI-TD, 50 mg. by mouth twice a day prior to discharge. Patient underwent Ear, Nose and Throat examination

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EXHIBIT AC-18
page 1 of 15

but refused audiogram. Abnormal liver functions pursued with liver scan which was normal. Patient refused liver biopsy. Neurology Consult called for sensory deficits; the conclusion was that these were old lesions and would not benefit from further investigation. Patient essentially stable through hospital stay and was discharged with decreased symptomatology.

Condition on discharge: Improved

Discharge instructions & medications: DBI-TD, 50 mg. by mouth twice a day
To care of Dr. Joseph Dreyfus

Written by Dr. Jay B. Miller

2-9-74 W
6-28=74 fs
Copy to: Dr. Joseph Dreyfus
Dr. W. Shain Schley
Dr. Raymond Coll
cc: Dr. Kenneth Blanchard
Dr. Jay B. Miller

EXHIBIT AC-10
May 30/1

CHART COPY
47192

KRUSCHI, HILDA
M - 38 15 22
IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

POSTOP

HEMATOLOGY

BLOOD GROUP 303 RH

(Top Edge — Attach Laboratory Reports in Date Order)

DATE 3/4/71 THE NEW YORK HOSPITAL — DATE 7/22/74 THE NEW YORK HOSPITAL — BY — LAB. NO.

ADDRESS — (AMB. ONLY) — BILL — PAID — CHARGE — DATE OF SPECIMEN — LOCATION — SERVICE

| DATE | | |

DATE (MO., DY., YR.) | LOCATION 10' Dressing

Brenda Gilfoyle
3 5
IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

304

DOCTOR

BODY FLUIDS

URINE								
Date	3/4/74	7/22/74						
Color	Yellow	Cloudy Yell						
Sp. Gr.	1.010	1.012						
pH	5.0	5.0						
Protein	0	0						
Sugar	1+	0						
Ketones	0	0						
Occult Blood	0	0						
Bilirubin	0	0						
Urobilinogen								
Microscopic								
RBC/h.p.f.	0	0						
WBC/h.p.f.	rare	4-5						
Casts/L.p.f.	0	0						
Miscellaneous								

FECES

Date															
Occult Blood															

SPINAL AND OTHER BODY FLUIDS

Date	Specimen / Appearance	Sp. Gr.	RBC/mm³	WBC/mm³	% PMN	% Lym.	% Mono.	% Eos. / % Baso.	Unclas / 100 WBC	Organisms Seen	Sugar Mg %	Protein Mg %	Chloride m Eq./L

EXHIBIT AC-14
page 5 of 15

(over)

BODY FLUIDS continued

305

GASTRIC ANALYSIS

P.S.P.

Date	Time of Specimen	Vol. (ml.)	pH	Total Free Acid	Description	Occult Blood	Date		
							Time	Vol. (ml.)	%
Date	TUBELESS GASTRIC ANALYSIS (DIAGNOSTIC TEST)								

OTHER LABORATORY DATA

Date	

DEVELOPMENTAL TESTS

7/6/32	Chenodeoxycholic Acid 2.1 Cholic Acid 0.1 total 2.2 mg/24

EXHIBIT AC-11
page 60/75

LOCATION F-14 SERVICE

DOCTOR

Bracchi ALFONSO
38-15-22

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

SEROLOGY & IMMUNOLOGY 306

SEROLOGICAL TESTS FOR SYPHILIS

BLOOD				SPINAL FLUID			
Month Day Year	VDRL	Titer	F.T.A.	Month Day Year	VDRL	Titer	
7 24 74		1:8					

OTHER SEROLOGICAL TESTS

Month Day Year			
Heterophile			
Beef Cells			
G.P. Kidney			
Coombs Test, Direct			
Antibody Ident.			

SEROLOGIC TESTS FOR VIRAL DISEASE

Date Specimen							
Test Report Date							
Type Test							
Result							
Agent							

BEST COPY OBTAINABLE

OTHER LABORATORY DATA

Date					
7-6-74	0 min.	16	Pu/ml.	30 min. 94	Pu/ml.
	5 min.		Pu/ml.	45 min. 120	Pu/ml.
	10 min.		Pu/ml.	60 min. 120	Pu/ml.
	15 min.	50	Pu/ml.	90 min. 120	Pu/ml.
	20 min.		Pu/ml.	120 min. 83	Pu/ml.
				3 hrs 14	"
				4 hrs 13	"

Rev. 8 71

THE NEW YORK HOSPITAL — LABORATORY IIB

EXHIBIT AC-18
page 7 of 15

DATE (MO., DY., YR.) | LOCATION | SERVICE

Sciascia, Alfonso
1 M-38 15 22

DOCTOR

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO

307

CHEMISTRY*

Tests with Normal Ranges**	Dates											
	7/22											
Amylase (40-140 units)												
Bilirubin (0.1-1.0 mg%)												
Bilirubin, Direct (0.0-0.2 mg%)												
Bilirubin, Indirect (0.1-0.8 mg%)												
Bromsulphalein (0-4.0 %)												
Calcium (9.0-11.0 mg%)												
Chloride (97-106 mEq/L)												
Cholesterol (150-275 mg%)												
CO_2 Content (22-29 mM/L)												
Creatinine (0.6-1.4 mg%)												
Creatine : PhosphoKinase (0-12 units)												
Dehydrogenase-LDH (80-200 mU/ml)												
Magnesium (1.5-1.9 mEq/L)												
5' Nucleotidase (2-15 mU/ml)												
Protein Bound I_2 (4.0-8.0 mcg%)												
pH (7.34-7.47)												
pCO_2 (35-51 mm Hg)												
pO_2 Arterial (80-90 mm Hg)												
Venous (25-40 mm Hg)												
Phosphorus (2.5-4.5 mg%)												
Phosphatase, Acid (0-1.1. units)												
Phosphatase, Alk. (30-85 mU/ml)												
Protein, Total (6.0-8.0 gm%)												
Albumin (3.3-4.7 gm%)												
Globulin (2.1-3.3 gm%)												
Potassium (4.0-5.5 mEq/L)												
Sodium (130-150 mEq/L)												
Sugar (FBS) (60-90 mg%)	74											
Thyroxine (T_4D) (5-14 mcg%)												
Transaminase-SGOT (10-50 mU/ml)												
Transaminase-SGPT (5-40 units)												
Triglycerides (10-150 mg%)												
Urea Nitrogen (8-22 mg%)												
Uric Acid (2.5-8.0 mg%)												

**The normal ranges listed are approximate. The normal range can vary as a function of the individual, their age, sex, diet and other factors.

CREATININE &/OR UREA CLEARANCE

Month Day Year	Specimen	B.U.N. mg. %	Clearance % of Norm. Avge.	Max. or Standard
	1			
	2			
	1			
	2			

GLUCOSE TOLERANCE

ORAL ☐ INTRAVENOUS ☐

Month Day Year	Blood (mg. %)	Urine
FASTING		
½ HOUR		
1 HOUR		
2 HOUR		
3 HOUR		
4 HOUR		
5 HOUR		

SPECIAL CHEMICAL ANALYSIS (Hosp. Chem. Lab. only)

Date of Spec.	

EXHIBIT AC-14
Page 8 of 13

*Special sheets for electrolyte and diabetic studies are available for continuation.

45117
Rev. 2-73

THE NEW YORK HOSPITAL — LABORATORY III

(over)

DATE (MO., DY., YR.) | LOCATION | SERVICE

AGE | DOCTOR

Cm IV

Bruschi Alfonso
3F 1522
IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO

Dr. Dayton
308

MAR 4 3 01 PM '74

EMERGENCY PAVILION

CHIEF COMPLAINT:
Bp. 150/70 P-92
P-16

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DURATION: HOURS DAYS WEEKS

WM known Diabetic c Alcohol & Hypertensive Hx per chart not available Recent Discharge NYH Psych Ward w/ Hypoglycemia. pt on DBI-100cms BID & says he has been feeling poorly past 2 days took 1 DBI AM yesterday AM & about 1030 began feeling nauseated but did not vomit then became light headed & dizzy & later unconscious at Transferred Night Unit Becomes Combative & Stable VS BP is Normal

General Alert Skin warm dry Edema Ankle bilat does not Communicate

HEENT - Normocephalic PERRL Clear fluids Yellow Secretions Gums intact Fundi's Benign

Neck - Supple Carotids Full Neck veins ↑ bilat JVP 8cm

CHEST - clear

CVS - Soft S1 S2 Tel SEM No Extra sounds

ABD - BS ↑ ND Rebound No Organomegaly

Ext - Warm Slightly moist Good pulses

Neuro - Awake Pt Uncommunicative would Change Focus of Eyes after DS Oriented X3 Speech intact CN II-XII Fundi WNL, Gross intact & Symmetrical Sensation intact Finger Jerk ½ + Cerebellar Rhomberg Pt Unsteady & Turned Cervical intact Gag Reflex Present

Psych: S/S

Sensory: Intact to Pain

Motor: Intact Romberg (-)

EXHIBIT AC-10
page 90/15

THE NEW YORK HOSPITAL

2	2	2	3	2	0	↓
2	2	2	3	2	0	↓

[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
VIA EKG
[illegible] [illegible] [illegible] [illegible]

3+S [illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible] [illegible]
[illegible] [illegible] [illegible] [illegible]

ET + NSR [illegible]

[illegible] well documented hypoglycemia
probably [illegible] in origin on [illegible] DBI SO
[illegible] to be arrested by [illegible]
DNER [illegible] psychiatric support for
markedly low blood glucose

Suggest - ambulate slowly
D/C DBI
Hyperprolactinemia Low CHO diet
to clinic in Jan

EXHIBIT A-12

FACE SHEET

THE NEW YORK THE NEW YC

History No. 331822

[redacted] Alfonso M W 3/23/1920 310 S M D W Se
Middle Sex Color Birth Date Marital Status

[redacted] ARE INDICATED IN RED: CLINIC ADMISSIONS IN BLACK

[redacted]

To facilitate prompt circulation of records, the following must be observed:

Records requisitioned from the Record Room must be returned to the Record Room every night.

Arrangements may be made for records for study to be used in the Record Study Room and held there one week from date of charge.

Records may not be taken out of the building nor taken to the living quarters of the Resident Staff.

Upon the transfer of a record from one person or department to another, a Transfer Slip (form O. P. D. 17) must be sent to the Record Room.

Date and Service	Diagnosis and Operation

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Dr John Eckel

[redacted]: 7/9/53 MUSCHI, Alfonso 331922
[redacted]: 7/10/53 SP Surg. Fil Mal e Age 33
IMPRESSION: Hemorrhoids
[redacted]: Positive serology
OPERATION: Hemorrhoidectomy
Dr. John Eckel 7/10/53 General
[redacted]: None
[redacted]: Improved
[redacted]: To care of his private physician

First MMI admission

EXIT - Sept 7, 1966

[redacted] FEB 07 [redacted]

[redacted]

EXHIBIT AC-12
page 11 of 13

DATE (MO., DY., YR.) | LOCATION | SERVICE

54 | DOCTOR

M 38 15 CC
BRUSCHI ALFONSO

IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

311

JUL 22

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f/c - heels marked clinic appt -
Hx of hypoglycemia
Pain in scalp. -

HPI: 54 y.o. WM c 10 yr. hx of hypoglycemia who was adm. on Jan '74 because of light headedness. Pt has hx of vagotomy + pyloroplasty c cholecystectomy 6 yrs ago for some abdominal pain c the light headedness but supposedly no ulcer was found (at UA Hosp.) 5 yrs ago pt had Gastrectomy performed but still no improvement. The problem has continued. Jan '74 adm showed GTT @ 3 hr. to be 38. IV GTT showed diabetic curve + after pre-treatment c DBI pt. had repeat GTT which reverted to normal. Therefore, he was sent home on DBI-TD BID.

Since last adm, pt still had dizziness + DBI-TD d/c'd shortly thereafter because of reaction to it + because it did not help. Trial of Cortisone 25 mg was no help either.

Pt has hx of Excess Diuretics, also Anxiety c unknown etiology + also on PRN basis c Pain on BM,

Recently, attacks are constant + of improvement. Pt has now had scab c scaling over scalp only for past 4 months - Back is c pruritus + pt. does nothing for it. Pt. denies any head trauma, etc.

PE: BP: 150/90 (R) sitting P: 72 reg
Lungs - Clear to P + A
CVS - No abn. sounds in sitting position
Abd - No organomegaly or tenderness. Surgical scar present
Skin - Very minimal erythema of scalp c dandruff + crusting. Sm. amt thin tan crusts over (R) side of face c/ dried serum

EXHIBIT A-18
page 12 of 15

Dx: 1) Hyperglycemia + ketosis

2) Somatic dysmotility -

3) S/P multiple oral surgical procedures

4) H/O VDRL - treated

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Plan: 1) Total clinic visit - Priority II

2) CBC, sugar today

3) Selsun [illegible] shampoo for dandruff - if no improvement, send TO Derm. clinic -

Barry Hartman

[illegible] 1976

Mr. Brandis a 59 year old WM with [illegible] S/P duodenal perforation with vagotomy for unknown reason (no known history of ulcer) and a history of postprandial attacks of dizziness + palpitations for which he was treated by ventriculectomy x 2. Baseline hypoglycemia with a 3 hour glucose of 38 was diagnosed by 1974 type glucose tolerance test. Treatment with DBT-TD + diet with insulin has not significantly helped his symptoms. His admitting dx was + VDRL + FTA (chronic syphilis) which has been treated, with [illegible] + titer. He has had multiple [illegible] LFT's in the past but his most recent [illegible] He was admitted to discuss [illegible] & [illegible] & [illegible] of his [illegible] VDRL titer & [illegible] of his [illegible] He denies any history of symptoms. He feels his wife is not very sexually interested. He denies symptoms of claudication, intermittent claudication of the legs, polyuria, polydipsia etc

pg 13-15

313

IF NO PLATE PRINT NAME SEX AND HISTORY NO

PLAN SHEET

(Include Diagnosis, Orders, Medications)

CBC-diff, UA, ESR, BUN, Cr, Na, K, Cl, CO2, alk phase, 5'nucleotidase, SGOT, SGPT, SH antigen, (HBsAg), PEP, ANA, Rheumatoid factor, [illegible]

VDRL, FTA

EKG, CXR 8/13 or 12

Appointment to Dental Clinic 8/12 @ 1:30

Returning 2 wks 8/16 @ 1:30

Revised 5/69 The New York Hospital - OPD - Plan Sheet

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EXHIBIT AC-1d
pg 14 of 15

DATE (MO., DIV., YR.) | DIVISION MED 215 SERVICE | DRUSCHI

AGE | IF NO PLATE, PRINT NAME, SEX, AND HISTORY NO.

314

VE T P80 R12 BP 130/—

WDWN adolescent in NAD

HEENT - [illegible]

[illegible] - FOTENL, DFRRLA - [illegible]

[illegible] - [illegible]

Neck - supple

Thyroid - unremarkable

Lungs - clear to P+A

Heart - RR - S1 S2 no M, G, R

Abd - LSK - not palp.

Ext - [illegible]

Neuro - nl - [illegible] reports T sensitivity to pin on (R) " always present"

Impr: ① Hypoglycemia - recurrent
a. probably pre diabetic
② abnormal L Fix - ? cause - [illegible]
↓ ↓ thyroid activity (doubt)
↓ ↓ GH antagonism (doubt)
③ [illegible]
a. ? 2° to diabetes
b. hypoglycemia
④ Retinitis Pigmentosa - improve
c [illegible]
S/P cholecystectomy
S/P pyelonephritis & vaginitis
S/P [illegible]
⑤ - + VDRL treated
⑥ Syphilis - [illegible]

Plan: [illegible]

J Druschi, M.D.

EXHIBIT AC-18
page 1 of 1

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Robert C. Atkins, M. D., P.C.
I. Ira Mason, M. D.
400 East 56th Street
New York, N.Y. 10022

Plaza 8-2110

315

April 16, 1974

To Whom It May Concern:

RE: Mr. Alfonso Bruschi
335 East 94th Street
New York, New York 10028

Mr. Bruschi has been under my care from November 1, 1973 to December 10, 1973 for a severe degree of hypoglycemia that was unresponsive to all the types of therapy which I tried. Accordingly, I referred him to Dr. J. Dreyfus for hospital work-up.

Sincerely yours,

Robert C Atkins

Robert C. Atkins, M.D.

mpd

Exhibit AC-13
page 1 of 1

ADMISSION FACE SHEET

LAST NAME	FIRST NAME	MI	T	TYPE	
BRUSCHI	ALFONSO		P	AC	THE MOUNT SINAI HOSPITAL NEW YORK, N.Y.

DAY OF ADMISSION	DATE OF ADMISSION	TIME OF ADMISSION	PAV. CD.	ROOM NO.	RATE	DIET	UNIT NO.	ADM. NO.
3	05/07/72	01:20PM	3	C302C	$115.00	12	881585	2633303

LEGAL ADDRESS	HOW LONG	CITY	STATE	ZIP	TEL. NO.
335 E. 94th St.-Apt.3		New York	N.Y.	10028	212 876-3898

BIRTHPLACE	DATE OF BIRTH	SOCIAL SECURITY NO.	RACE	SEX	AGE	MART. ST.	RELIGION
	03/23/20			M	052	M	Prot.

OCCUPATION	EMPLOYER – ADDRESS – TELEPHONE NO. – LENGTH OF TIME

NEXT OF KIN	ADDRESS (NEXT OF KIN)	PHONE (NEXT OF KIN)	
Gizelle Bruschi	Same	Same	FATHER'S #
RELATION TO PATIENT: Wife			MOTHER'S #

PERSON TO NOTIFY IN EMERGENCY – ADDRESS – TEL. NO.
Gizelle Brusbhi 335 E. 94th St.-Apt.3, New York, N.Y. 212 876-3898

SER.	ATTENDING PHYSICIAN (PRIMARY)	DR. CODE	ATTENDING PHYSICIAN (SECONDARY)	SEC. DR. CODE	DIRECT/INDIRECT	DATE PREV. ADM. MT. SINAI
CD	B. Newman	N007			Direct	

ADMISSION DIAGNOSIS
Acute Coronary Insufficiency

00-SELF, 01-B/C, 02-CIP, 03-CO-, 04-MEDICAID, 05-MEDICARE, 06-CRC	EFFECTIVE DATE	CERTIFICATE NO.	SUFFIX	CITY	STATE

POLICY HOLDER NAME	RELATION TO PATIENT	ADDRESS

INSURANCE COMPANY NAME – ADDRESS

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MEDICARE (HI NUMBER) | MEDICAID IDENTIFICATION NO.

BLOOD PROG.	NAME OF BLOOD DONOR ORGANIZATION	NAME OF EMPLOYEE OR GROUP	NAME OF INDIVIDUAL COVERED

DISCHARGE ORDER: I HEREBY AUTHORIZE THE ABOVE NAMED PATIENT TO BE DISCHARGED ON 5/9/72

DISCHARGED ON _____ AM/PM
NURSE'S SIGNATURE — TIME

DISCHARGE DIAGNOSIS: ACCORDING TO STANDARD NOMENCLATURE

COMPLICATIONS: ① Cirrhosis of the Liver Unspecified ② Liver disease alcoholic cirrhosis ③ Convulsion Psychogenic

OPERATION: Chart redictated 8/29/72 PM — Chart dictated 5/9

Surgeon Operating _____ M.D.

POST OPERATIVE INFECTION: ☒ NO ☐ IF YES, DESCRIBE

EMPLOYABILITY STATUS:

PATIENT MAY RETURN TO USUAL OCCUPATION ☐ IMMEDIATELY ☐ ___ WEEKS ☐ UNDETERMINI

SUMMARY DICTATED AUG 29 1972

CONDITION ON DISCHARGE ☐ IMPROVED ☐ UNIMPROVED ☐ CEASED

	CODES
1	7847
2	5739
3	300.1
4	
5	
6	

ATTENTION CHIEF RESIDENT:
PLEASE INDICATE HOUSE DOCTOR RESPONSIBLE FOR:
1. COMPLETION OF SUMMARY: Dr. HERZ
2. COUNTERSIGNING AND SUMMARY: Hx Px. Dr. _____ M.D.

DRUG SENSITIVITY
RECEIVED

PHYSICIAN'S SIGNATURE _____ M.D.

SIGNATURE OF RESIDENT PH _____ M.D.

SIGNATURE OF ATTENDING PHYSICIAN _____ M.D. DATE

Exhibit AC-14

EXHIBIT AC-14

EMERGENCY RECORD

UNIT NO. (1-8) 88 158 | DATE OF REG OR UPDATE (9-14) MO. 05 DAY 01 YR 72 | TYPE OF ADM. (15) E | REGISTRATION 20 ✓ | UPDATE HISTORY 30 | CHANGE 40

SEX (26) M ✓ F | DATE OF BIRTH MONTH 03 DAY 23 (16) YEAR 30 (17)

PATIENT'S LAST NAME (18-35) BRUSCHI

PATIENT'S FIRST NAME (36-48) ALFONSO | INITIAL (49) M

PATIENT'S ADDRESS (STREET AND NUMBER) (50-68) 335 E 94 ST

APT. NO. 3 | CITY NY | STATE NY | ZIP CODE (76-80) 10128 | PHONE NUMBER 8763898

CHECK TYPE OF TRANSACTION (1-2)

REGISTRATION 21 ✓ | UPDATE HISTORY 31 | CHANGE 41

ENTER UNIT NO. (1-8) AND DATE (9-14) ABOVE

CHECK STATUS (15) 1 MEDICAID 2 MEDICARE 3 MEDICAID-MEDICARE 4 5 FREE 6 SELF-PAY ✓

LAST NAME OF HEAD OF HOUSEHOLD IF DIFFERENT THAN PATIENT'S (16-28)

FIRST INITIAL (29) (30) M

MALE FEMALE

PAYMENT RATE (36) A B C ✓ U N

SOCIAL SECURITY NO (37-45)

COMPLETE THIS SECTION FOR WELFARE, MEDICAID AND OR MEDICARE PATIENTS ONLY

EXPIRATION DATE (46-51) MO. DAY YR | TYPE OF ASSISTANCE (52-57) | MA OFFICE (58-60) | MEDICAID NO. (61-67) | SUFFIX (68-69) | MEDICARE NUMBER (70-79) | REGISTRATION AREA (80)

COMPENSATION EMPLOYER'S NAME AND ADDRESS YES ☐ NO ☐ Bill $10.00 | E X

PRIOR ADMIS. TO MSH YES ☐ DATE | NAME OF BLUE CROSS PLAN | CERTIFICATE NO. | SUFFIX | GROUP NO. | EFF. DATE | SUBSCRIBER DEPEND. | MEMB. NO.

NAME OF OTHER HOSPITALIZATION INSURANCE | ADDRESS | GEN'L. OR POLICY NO. | GROUP NO. | EFF. DATE

NAME OF NEXT OF KIN Grazia Bruschi | RELATIONSHIP TO PAT. (DO PRESS) Wife | S/A. | TELEPHONE NO. 876-3375

ADMITTING DR. | DATE OF ADM. | TIME | AM | PM | LOCATION KCC BSU | ROOM NO. | PHYSICIAN SERVICE Dir. - B Newman | RELATION Family.

ADMITTING DIAGNOSIS Acute Coronary Insufficiency

REPORT OF INJURY (COMPLAINT)

TEMP. 95 ORAL ✓ RECTAL ☐ | PULSE 100 | RESP. | B.P. 120/70 | REPORTED TO: HEALTH DEPT. ☐ POISON CONTROL ☐ POLICE PCT. ☐

HISTORY, PHYSICAL EXAM, DIAGNOSIS & TREATMENT:

52 y.o. ♂ c Diabetes (on Orinase), Meniere's (on Valium), Hiatus hernia. Today 6 episodes c vomiting. Had one episode of sharp (L) sided chest pain radiating to (L) shoulder & back & down (L) arm last night - lasted ~20 min - had another episode this A.M. Nausea, SOB & diaphoresis and c episodes of chest pain. Pt. also has bouts of recurrent paroxysmal pain c Pt. has abnormal upper GI series & cardiac series.

PE: T 98 P 100 BP 120/70

HEENT - normal. Neck - ☐ N.V.D. Lungs - clear to A & P. ✓

Car - RSR ☐ (-). Abd. - gallbl.

Abdomen - organic lesion (vagotomy & pyloroplasty ? & cholecystectomy). No tenderness.

Extremities - no edema.

INSTRUCTIONS TO NURSE Eat - ☐ edema.

EXHIBIT A-14 page 2 of 14

EKG - HR 75 RSR QRS 0.08 sec. No ST-changes. No T inversion

Normal EKG.

INSTRUCTIONS TO PATIENT Patient has several episodes of pain - coronary, Hiatus hernia, pancreatitis - study for acute coronary insufficiency not impressive, but this cannot be ruled out.

PHYSICIAN'S SIGNATURE Juan E. Bruschi M.D.

Admit 3S

NAME OF CLINIC REFERRED TO | ADMITTED TO (LOCATION) | TRANSFERRED TO (HOSPITAL) | HOME | LMD | MO. DAY | MO. DAY | MO. DAY | MO. DAY

DISPOSITION | RETURN APPOINTMENT DATES

CONTINUE NOTES ON PROGRESS SHEET.

FORM 2781

MEDICAL RECORD

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THIS IS A CONFIDENTIAL AND PRIVILEGED COMMUNICATION

THE MOUNT SINAI HOSPITAL
NEW YORK

318

SUMMARY

.....M.S.H. Admission
Dr.
Service: Med.
Date of Case Summary: 8/29/72
Dictator and Date of Dictation: Dr. P. Hertz 8/29/72

Patient: BRUSCHI, Alfonso
Unit No. 881 585
Admitted: 5/7/72
Discharged: 5/9/72

DIAGNOSIS:

CHEST PAIN, ETIOLOGY UNDETERMINED.
LIVER DISEASE, ETIOLOGY UNDETERMINED.
CONVERSION HYSTERIA.

CHIEF COMPLAINT:

This is the first Mount Sinai admission for this 52 year old male admitted with the chief complaint of left-sided chest pain beginning the night prior to admission.

PRESENT ILLNESS:

Patient has no previous history of chest pain. He had pressure on his left side for ten years, not related to exercise, but related to eating. EKG's were always negative and he was told it was secondary to hiatal hernia. Patient was told he had pancreatitis in the past. Yesterday, while sitting in bed, reading, without exertion, he developed left-sided chest pain, sharp, lasting 20 minutes and radiating to the left shoulder. Patient's current meds include Valium. He came to ER.

PAST HISTORY:

pyloroplasty, vagotomy, cholecystectomy, partial hiatal hernia repair. Hemorrhoidectomy, polypectomy and removal of submandibular salivary gland, left side for "calcifications". Also history of left-sided labyrinthectomy in 1969 for Meniere's disease. Appendectomy in 1948. Patient also complains to have multiple diseases in the past including malaria and typhoid.

Other hospitalizations include 9/68 for abdominal pain; 9/71 for functional complaints. Patient also claims diabetes for one year. No other significant history. Patient is on 100% disability. He is a nondrinker and smokes one pack per day. Allergies - ? Penicillin.

PHYSICAL EXAMINATION:

Patient is a well versed man in medical terms with numerous complaints, in no distress. Physical examination was completely unremarkable except for complete hemisensory absent sensation totally over the right side of the body. In addition, multiple scars from previous surgery were noted.

EXHIBIT AC-44
page 3 of 19
3

THE MOUNT SINAI HOSPITAL
NEW YORK

Patient: BRUSCHI, Alfonso
Unit No. 881 585

LABORATORY DATA:

EKG normal. 6-Channel normal, CBC normal.

Impression was conversion hysteria and ? chest pain, etiology undetermined.

Neurological examination - enzymes failed to increase in the days preceding his admission and EKG's unchanged.

HOSPITAL COURSE:

Neurological consultation confirmed the presence of conversion hysteria. Patient was discharged on 5/9/72.

Dr. P. Hertz:par/HTS
9/4/72

Fields / P. Hz

EXHIBIT AC-14
page 40/19

PROGRESS' NOTES

THE MOUNT SINAI HOSPITAL

NEW YORK

DATE

LOCATION

NAME

UNIT NO. & SEX / AGE 320

PHYSICIAN & SERVICE

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PLEASE DO NOT WRITE IN THIS SPACE
WRITE ON THIS SIDE OF PAPER ONLY

FORM D-1-A-2
165M-10/71
M. PLOTKIN & ASSOC.

EXHIBIT AC-14
page 5 of 19

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL

NEW YORK

DATE

LOCATION

NAME

UNIT NO. & SEX / AGE

PHYSICIAN & SERVICE

3

321

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6

FORM D-1-A-2
165M-10/71
M. PLOTKIN & ASSOC.

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EXHIBIT AE-14
Page 6 of 19

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL
NEW YORK

DATE	
LOCATION	
NAME	
UNIT NO. & SEX / AGE	322
PHYSICIAN & SERVICE	

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EXHIBIT AE-14

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL

NEW YORK

DATE	
LOCATION	-
NAME	
UNIT NO. & SEX / AGE	323
PHYSICIAN & SERVICE	

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FORM D-1-A-2
165M-10/71
M. PLOTKIN & ASSOC.

EXHIBIT AC-14, 2 pages

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL

NEW YORK

DATE	
LOCATION	
NAME	
UNIT NO. & SEX / AGE	324
PHYSICIAN & SERVICE	

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EXHIBIT AC-14

page 9 of 11

ID-1-4-2
4-10/71
STEIN & ASSOC.

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL

NEW YORK

DATE	
LOCATION	
NAME	
UNIT NO. & SEX / AGE	
PHYSICIAN & SERVICE	

305

281-585

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FORM D-1-A-2
165M-10-71
H. PLOTKIN & ASSOC.

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EXHIBIT AR-14

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL

NEW YORK

DATE

LOCATION

NAME

UNIT NO & SEX / M.F.

PHYSICIAN & SERVICE

326

7 May 72 - AP Hollingsworth

1st MSH for this 52 yr W on 100% disability

CC - chest pain -

HPI - Pt noted last night the first episode of sharp (c) chest pain preceded by gagging and radiating down radial side of L arm causing numbness. Pt was sitting at the time, discontinuing pain spontaneously remitted. Pt came to ER today to check was admitted. C/C Complains that pain is different from the pressure sensation of hiatal hernia - ? DOE, SOB, sitting with no.

Pt was seen 4/71 at Lenox Hill for? reason had 'co-blood sugar' + BP of 100/70. Pt takes Dilvane for mild DM discovered in 9/71 at Lenox Hill

PMH is amazing - multiple operations including

① T + A and child

② perforated ty, vagotomy, cholecystectomy + partial hiatus hernia repair - 1969 - VA

③ (L) submandibular sialolithotomy - 1966 - VA

④ (L) submandibular sialodenectomy - 1969 - VA

⑤ (L) labyrinthectomy ? / ? Menieres - 1969 - VA #

⑥ Appendectomy - 195

Also - malaria + typhoid '43 in No Africa

measles, mumps, chicken pox at age 28

9/71 - bilateral tympanoplasty at Lenox Hill - showed DM (was also)

PLEASE DO NOT WRITE IN THIS SPACE

WRITE ON THIS SIDE OF PAPER ONLY

FORM D-1-A-2

165M-10 71

M. PLOTKIN & ASSOC.

EXHIBIT K-14 11

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL
NEW YORK

DATE
LOCATION
NAME
UNIT NO & SEX / AGE
PHYSICIAN & SERVICE

327

Also Tx'd [illegible] for ↑ WBC spinal fluid VDRL
despite ~~positive~~ negative & allergy to PCN
claims to get hypertension from Tylenol
~~[illegible]~~ claims to have been admitted for pancreatitis x
SHx - ~~5~~ ETOH smoke 1/pack/d FHx - ~~B~~ non contrib
ROS - Head - freq headaches, dizziness ? to Minnere's dis
Eyes - 5
Ears - S/P Labyrinthectomy, bilat tympanitis
Throat - S/P T+A
Chest - 5
Cv - all HSM
Abd - S/P multiple procedures at one operation
~~multiple~~ admissions (? where) for pancreatitis
GU - (+) VDRL (also spinal fluid) - Tx'd
Extrem - tender over spine ~~to~~ ↓ ROM
Neuro - claims R side of body goes to sleep
Heme - 5
Endocrine - on Orinase for DM
PE - BP 142/84 P 80 reg R 12 T - 98°
WNWD W ♂ ~~in~~ distress at all
Skin - ND
Head - normocephalic

EXHIBIT AR-14
page 13 of 17

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PROGRESS NOTES

THE MOUNT SINAI HOSPITAL
NEW YORK

DATE	05 04 73
LOCATION	L
NAME	[illegible] ALFONSO
UNIT NO. & SEX / AGE	328
PHYSICIAN & SERVICE	

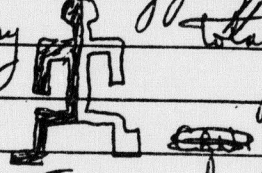
Eyes - full VF's + EOM's, fundi benign, conjpale, sclerae anicteric
Eyelids, PERRLA
Ears - acuity WNL - R & W - OK (L) TM scarred + dull
Pharynx - Tonsils enucleated, poor oral hygiene
Neck - Tender over spines & some tenderness & HTP, JVD
Chest - Clear to P & A
Cor - reg S RT 6 cm A2 > P2 P2 split physiol. PMI 5th L MCL
Abd surgical scars on thorax - OLSK, mass nl BS
Rectal - brown stool - guiac (-), prostate WNL
Hernia - 0
Genitalia - uncirc ♂, ↓ testes
Nodes - 0
Extrem - tender over whole spine + all jt. - ↓ thoracic mobility present
MS - oriented x 3
Neuro - Motor - 3/5 strength on (R) side below neck as compared to (L). - all muscle groups affected
Sensory  total (R) hemisensory testing pin, vibration, proprioception, touch
CN II - XII - WNL X loss of sensation on (R)
(R) deltoid tendon pain present

EXHIBIT AC-14 13
page 13 of 19

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FORM D-1-A-2
1658M-10 71

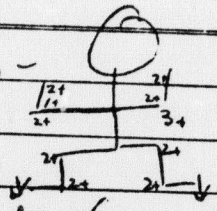
PROGRESS NOTES

THE MOUNT SINAI HOSPITAL
NEW YORK

DATE
LOCATION
NAME
UNIT NO. & SEX / AGE
PHYSICIAN & SERVICE

BRUSCHI ALFONSO
329

Reflexes -



(+) Romberg (backward)
EKG + CXR - completely WNL KUB - Fibroma of Colon
Impression:
(1) Hysterical personality
(2) Conversion reaction
(3) R/O MI - or angina (doubt)
(4) S/P many surgical procedures
(5) DM by Hx
(6) Malaria by Hx
(7) Typhoid by Hx
(8) Osteoarthritis
(9) Chronic pancreatitis by Hx
(10) Neurosyphilis
Plan - Neuro + Psych consults.
R/O MI w/ 3, 6+12, Amylase, Lytes fix
ESR - Rheumatology consults.
All of pt's Sx this time appear to be of supratentorial origin

K. Chen

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FORM P-1-A-2

EXHIBIT K-14 14

PROGRESS NOTES
THE MOUNT SINAI HOSPITAL
NEW YORK

DATE
LOCATION
NAME
UNIT NO. & SEX / AGE
PHYSICIAN & SERVICE

330

Admitting note: 5/8/72

52 y/o with multiple cardiac complaints
admit onset of chest pain & radiation to (L)
arm. Hx of hypertension & gout.
Has had multiple catheters, mental hernia,
intermittent complaints.

BEST COPY OBTAINABLE

EXHIBIT AR-14 15
page 15 of 19

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FORM D-1-A-C

PROGRESS NOTES

THE MOUNT SINAI HOSPITAL

NEW YORK

DATE

LOCATION

NAME

UNIT NO. & SEX / AGE

331

PHYSICIAN & SERVICE

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16

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EXHIBIT AC-14

THE MOUNT SINAI HOSPITAL
NEW YORK, NEW YORK

CONSULTATION REPORT.

DATE

LOCATION

332

NAME

UNIT NO. SEX/AGE

PHYSICIAN & SERVICE

REQUESTED BY: _____ M.D.
SIGNATURE OF PHYSICIAN & SERVICE

TO: _____ M.D.
CONSULTING PHYSICIAN OR SERVICE

BEST COPY OBTAINABLE

REASON FOR CONSULTATION:

DATE

CONSULTANT'S FINDINGS: (HISTORY AND PHYSICAL)

OPINION AND RECOMMENDATIONS:

DATE _____ 19__ TIME _____ AM ☐ PM ☐

_____ M.D.
SIGNATURE OF CONSULTANT TITLE OF CONSULTANT

EXHIBIT A

NEW YORK, N.Y.

CLINICAL LABORATORY SUMMARY FORM I OF 2

333

DATE
LOCATION
NAME
UNIT NO. & SEX / AGE
PHYSICIAN & SERVICE

HEMATOLOGY

INITIAL	DATE	WASR	VDRL	BLOOD GRP	BLOOD Rh	COOMBS DIRECT	COOMBS IND	B_{12}	U B_{12}	FOLATE	Fe	TIBC	LAPA	HAPTO	URINE HEMOGLOBIN
								>200 ••	1200-1800 ••	> 5 NG/CC	90-150 %	3X Fe	25-100	100-200 †	

URINE

INIT	DATE	SP GR	pH	ALB	GLU	ACET	OCC BLOOD	BILE	UROB NL <1:80	CLUMP WBC	PER HPF RBC	PER HPF WBC	PER HPF BACT	CASTS/HPF RBC	CASTS/HPF HYAL	CASTS/HPF GRAN

INIT	DATE	PBI	T_3	I^{131}	BICKLE PREP	mOSM/L SERUM	mOSM/L URINE
		4-8 γ%	0.85-1.15	24 HR. 15-45%		280-300	

INIT	DATE	24 HR. URINE (RESULTS/LITER) VOL	NA	K	CL	CA	P	CREAT	PROT

HEMATOLOGY

INIT	DATE	ESR	HGB	HCT	RBC	WBC	POLY SEG	POLY BD	EOS	BASO	LYM	MONO	ATYP LYM	META	BLAST	PLAT (×10³)	RETIC	MCV	MCH	MCHC	MORPHOLOGY
		13	162	49		5600	46	8	2	2	42							95	33	34	
						7300															

CHEMISTRY

INITIAL	DATE	CL 95-105 •	CO_2 24-32 m	K 3.5-5.0 •	NA 135-145 •	BUN 10-20 †	GLUC (FASTING) 65-110 †	CA 8.5-10.5 †	P 2.5-4.5 †	URIC ACID 2.5-8 †	CHOL 150-300 †	T.P. 6-8 ‡	ALB 3.5-5.0 ‡	BILI T <1.0	BILI D <0.4	ALK PHOS 30-85 •	LDH 90-200 •	SGOT 10-80 •	SGPT <35 WU	CPK <4.5 U	CREAT 1-2 †	AMY 30-180 U	MG 1.8-2.5 †	ACID PHOS 0.1-0.6U
	5/6	105	29	4.1	142	12	135										150							
	5/8							8.6	3.6	5.9	200	8.3	4.8	1.6		105		55	80	60	1.2			

EXHIBIT AC-14
ready 18 c/a

•• = PG CC • = MEQ/L • = MG † = GM • = IMU/CC

6AC-116
DM-10-71
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NEW YORK, N.Y.

CLINICAL LABORATORY SUMMARY FORM II OF 2

DATE
LOCATION
NAME
UNIT NO. & SEX / AGE
PHYSICIAN & SERVICE

SEP - IEP

INITIAL	DATE	PROTEIN ELECTROPHORESIS T.P.	ALB	α_1	α_2	β	γ
		6-8 g%	3.9-5.2 g%	0.2-0.4 g%	0.5-0.8 g%	0.5-0.9 g%	0.7-1.3 g%
	5/18/80		3.7	1.8	.2	1.5	2.0

INITIAL	DATE	SERUM PROTEINS	IMMUNO E'PHORESIS IgG	IgA	IgM	β_1C
			900-1500	270-390 ↑	80-120 ↑	80-200 ↑

COAG - COLLAGEN

INIT	DATE	PRO TIME	PTT	FIB	FIB SPLIT	BLEED T	CLOT T	CLOT RET
	5/19/80				NEG	< 6' IVY	< 10'	

INIT	DATE	ANA	LE PREP	LATEX FIX	ASLO	CRP	STREP MG	MONO TEST	COLD AGGL	COMP
					< 250 Tu					

INIT	DATE	BSP 45'	BSP 15'	BSP 30'	BSP 60'
		< 10%	25%	40%	60

ENDOCRINE

INITIAL	DATE	URINE CATECHOLS SYNAL MEYA	40H ♂	VMA
		< 0.15 ●	< 0.15 ●	0.25-3.5 ●●

INITIAL	DATE	PLASMA CORT	ACTH	ALDO	RENIN	SEROT	PTH
		10-25 ♂ %		●●	(↓ NA IN) < 2 U	0.09-0.31 ♂ /cc	

INITIAL	DATE	24 HOUR URINE VOL	17OH	17KS	CORT	ALDO	FSH	PTRIOL TEST	HIST	CHIA
			3-10 ●	♂ 5-20 ♀ 5-15 ●	< 150 ♂	5-15 ♂	●●	< 1.8 ●	♂ >5C (19)% ♀ ♂	15-65 ♂ 7.5

CSF, SKIN

INIT	DATE	O.P.	APPEAR	RBC	WBC	POLY	LYM	GLUC	CL	PROT	WASS	COLL GOLD	GRAM STAIN
		10-20 CM						⅔ OF SERUM	125-135 ●●	15-45 ↑		ALL 0-1	

INIT	DATE (HRS)	SKIN TESTS FIRST PPD	INT PPD	2ND PPD	HISTOCOCC	BLAST	MUMP	KVERM
	(24°)							
	(48°)							
	(72°)							

FUO, NUTRITION

INITIAL	DATE	FEBRILE AGGLUTININS SALMONELLA TY-O	TY-H	B	C_1	C_2	D	E	PROTEUS X1S	XK	X2	BRUC ABORT	BRUC MEL

INITIAL	DATE	NUTRITION CAROTENE	VIT. A (FAST)	VIT A TOL 4°	6°	8°	XYLOSE EXC-5°	72° FEC. FAT	LIPOPROTEIN EPHOR.
		100-200 ♀	40-100 ♀		2X FAST		> 5 GM	< 21 GM	

FLUIDS, GASES

INIT	DATE	FLUIDS SOURCE	VOL	APPEAR	SP GR	PROT	RBC	WBC	POLY	LYM	LDH	GLUC	BILI	GRAM STAIN

INIT	DATE	SOURCE METH	PO_2	pH	pCO_2	HCO_3
			> 95 MM	7.40	40 MM	24-28 ●●

Bx

INIT	DATE	BIOPSY RESULTS

STOOL

INIT	DATE	MISCELLANEOUS

INIT	DATE	STOOL HEMATEST	COLOR

INIT	DATE	STOOL HEMATEST	COLOR

EXHIBIT AC-14
pg 19 of 19

g% = G% ↑ = MG% ● = MG ●● = MEQ/L ↕ = Y₂

●● FSH: PRE-PUB. 0 ADULT 5-50 POST MENO. >100

●● ALDO (NL NA IN) UPRIGHT 4.6-10.8 NG% RECUMB 1.9-3.3 NG%

● = ♂/0.2 MG CREAT ●● = ♂/MG CRE T

16

JOSEPH C. DREYFUS, III, M.D., P.C.
215 EAST 68TH STREET
NEW YORK, N. Y. 10021
(212) 288-9444

335

May 31, 1974

Leighton, Leighton and Leighton
Counsellors at Law
15 Park Row
New York, New York 10038

Re: Mr. Alfonso Bruschi

Dear Mr. Leighton:

I am writing in reply to your request for information concerning my findings, diagnosis, prognosis and results of laboratory tests or clinical findings, concerning Mr. Alfonso Bruschi.

Mr. Bruschi was referred to me for evaluation of hypoglycemia, resistent to previous treatment. He was admitted to New York Hospital on January 25, 1974. While in the New York Hospital he had numerous tests, x-rays and some specialty consultations.

In addition, in the last six to seven years he has had left sided chest pressure, head pressure, and paraesthesias of his left arm and leg. These episodes were associated with episodes of dizziness and collapse. He has had numerous operations. They include an appendectomy, tonsil and adenoidectomy, hemorrhoidectomy and polypectomy, left labyrinthectomy, removal of a calcified submandibular gland, cholecystectomy, pyloroplasty and vagotomy, and hiatus hernia repair. He has had a positive serology for many years. He was treated with penicillin for this in 1971. At the time he was seen Mr. Bruschi was unable to obtain one or two hours of symptom free activity. He was on a high protein frequent feeding diet and complained that there did not seem to be much change in his condition as a result of the diet.

In order to adequately document the diagnosis of hypoglycemia several glucose tolerance test were done. They were preceded by adequate carbohydrate replenishment for at least 3 days prior to each examination. Insulin levels were taken during these tolerance tests. The oral glucose tolerance test demonstrated a marked reactive hypoglycemia with elevated insulin levels in the initial half-hour. The intravenous glucose test was within normal limits. The remainder of the tests and examinations were consistent with his long standing labyrinthine problems. He had intermittent liver function abnormalities of a mild degree.

Exhibit AC-15
Page 1 of 2

Because of the effectiveness of phenformin in delaying jejunum uptake of glucose, this medication was tried on Mr. Bruschi. Although initially quite successful after several days Mr. Bruschi's symptoms returned. Upper GI series and other GI x-rays demonstrated that the previous surgery on his gastrointestinal tract was successful and ~~still open~~ functional.

Mr. Bruschi was discharged on a long acting form of phenformin, frequent feedings and high protein-high fat diet. In view of the fact that he had only transient response to the treatment in the hospital his prognosis for a good result was poor.

Subsequently Mr. Bruschi has been seen in my office. The phenformin was discontinued. It had had no lasting effect. He continues on his high protein frequent feeding diet. His symptoms continue. He has only short periods of symptoms-free activity.

I am enclosing copies of the laboratory tests done in my office. At this time I feel that Mr. Bruschi's disability is such that he can not be gainfully employed. His symptoms began many years ago and have increased both gradually and episodically.

Sincerely yours,

Joseph C. Dreyfus MD

Joseph C. Dreyfus, III, M.D.

EXHIBIT AC-15
page 1 of 1

MURRAY BUDABIN, M. D.
1199 PARK AVENUE
NEW YORK, NEW YORK 10028
LEHIGH 4-4720

337

June 18, 1974

Barry B. Leighton, Esq.
Leighton, Leighton, & Leighton
15 Park Row
New York, New York 10038

Re: Alfonso Bruschi

Dear Mr. Leighton:

I have had the occasion to see Mr. Alfonso Bruschi, age 54 and to review the Medical Analysis of Dr. S. I. Green dated February 6, 1974 in regard to his claim for Social Security Disability. I note that Dr. Green was not aware of Mr. Bruschi's hospitalization at Mount Sinai Hospital on May 7, 1972 and of course he cannot know that Mr. Bruschi was re-hospitalized at New York Hospital on January 25, 1974.

The Mount Sinai admission was precipitated by "chest pain" and lasted only two days. Discharge diagnosis was "Chest Pain of Undetermined Etiology."

Dr. J. C. Dreyfus pursued a diagnosis of "hypoglycemia" at New York Hospital. He concluded, after much elegant testing, that the patient's hypoglycemia was secondary to rapid jejunal uptake of glucose. Attempts to inhibit uptake of sugar from this organ by giving medication was at first successful, later altogether a failure.

The hospitalization at New York Hospital was marked by sudden, acute medical mini-emergencies. Complaints of "chest pain" alternated with shortness of breath and "mid-epigastric pain." Since the patient was already hospitalized there was no problem in management and in each instance no pathological findings were discovered.

As Dr. Green hinted, the patient's complaints are functional. The treatment he has secured over the past years have represented a series of destructive, mutilating procedures of doubtful medical benefit. At least one might note that the patient's symptoms were never alleviated.

The diagnosis is obvious: The patient is suffering from a severe and disabling conversion hysteria shielding a psychiatric illness. I cannot see how, under the circumstances, anyone could consider him employable since there is no way to exclude these medical mini-emergencies.

Sincerely yours,

Murray Budabin

Murray Budabin, M.D.

Exhibit AC-16

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

LEWIS C LEIGHTON
BARRY B LEIGHTON
ROBERT P LEIGHTON
ABRAHAM KOZER
ARTHUR K ASH

338

June 26th, 1974

(212) 267-6016

Department of Health, Education & Welfare
Social Security Administration
Appeals Council
P. O. Box 2518
Washington, D.C. 20013

Attention: Raymond H. Warns

Re: Alfonso Bruschi
SS# 115-01-7603

Gentlemen:

In regard to the above captioned case, wherein the Appeals Council granted our request for review, I am submitting my written comments. Undoubtedly, you have received correspondence from the claimant, but I am going to answer your letters of April 1st, 1974 and May 31,1974.

In the report of Dr. Sidney I. Green dated 7/6/74, wherein the doctor reviewed the medical evidence in this case, I have some comments.

Dr. Green mentions the claimant's many admissions and multiple procedures including a gall bladder and hiatus hernia operation, with a vagotomy and pyloroplasty and a labyrinthectomy and removal of the submaxillary gland, and states that the predominant problem is psychosomatic or emotional factors. I am in partial agreement with this. I do feel that the medical evidence does corroborate multiple physical disabilities, and these are accompanied by an anxiety state.

On Page 2, Dr. Green comments in the third paragraph, on an admission to the New York Medical College that the claimant was noted to be agitated at one point. Also on page 2, in the last paragraph, the doctor states that there is no real evidence for reactive hypoglycemia.

At this time I call your attention to the report of Dr. Joseph C. Dreyfus, which I am submitting, dated May 31, 1974 referring to an admission to New York Hospital on January 25, 1974. The doctor makes a diagnosis of hypoglycemia. It should be noted that this report is addressed to me and I am submitting it in the claimant's behalf, even though the claimant feels it should not be submitted. I feel the report is beneficial to the claimant. I also call your attention to the doctor's conclusion that the claimant is disabled and cannot be gainfully employed.

Exhibit AC-17
page 1 of 3

Re: Alfonso Bruschi
SS#: 115-01-7603

On Page 3, in the first paragraph of Dr. Green's report, the doctor states that the claimant did cooperate with his various doctors and did submit to a number of operations. Again the doctor states that the weight of themedical evidence indicates important emotional factors in understanding the claimant's symptomatologies. At this time I call your attention to the reportof Dr. Murray Budabin, which I am submitting, dated June 18th, 1974. Dr. Budabin, a noted specialist, indicates that the claimant's complaints are functional and that the treatment he secured over the past years has represented a series of destructive, mutilating procedures...and that the patient's symptoms were never alleviated. The doctor's conclusion isthat the patient is suffering from a severe and disabling conversion hysteria, and bases it on medical mini emergencies.

It should be noted that the complete clinic records of the Veterans Administration and the records for admission are continually marked with notations of an anxiety reaction, anxiety reaction and refer the claimant to a psychiatric consultation, anxiety reaction with depressive features. It should be noted that these entries go back to 1968, long before the claimant last met the earning requirements. The claimant's conduct at the hearing before the Administrative Law Judge should also be considered.

In the second paragraph on page 3, Dr. Green feels that the claimant has been capable of at least light work activities, but the doctor gives several limitations. These include that the activities should notbe too extended without opportunity for rest or change of position. The doctor does not comment on the claimant's complaints of dizziness and nausea and vomitting, which are enumerated in all of the clinic notes of the Veterans Administration.

It should also be noted that Dr. Green never examined the claimant, and only reviewed the file which did not contain records for an admission to the Mt. Sinai Hospital on May 7th, 1972.

I have known this claimant for over a year, and though he tries to be helpful and cooperative, his behavior is most anxious. Undoubtedly you have received numerous correspondence from him, his letter of appeal from the Administrative Law Judge, and his telephone calls, all of which corroborate a disabling conversion hysteria or anxiety reaction.

EXHIBIT AC-17

Re: Alfonso Bruschi
SS# 115-01-7603

I wish to thank the Appeals Council for their indulgence and extensions in this case. I have had a most difficult time controlling my client and at times he refused to release medical evidence and reports for his own strange reasons, and this was in spite of the fact that he always tried to cooperate.

Therefore, based on the medical evidence and the claimant's testimony, it is our contention that this claimant is entitled to a period of disability and disability benefits under Sections 223 and 216 (i) of the Social Security Administration as amended, and we ask that you consider both the claimant's multitude of physical disabilities and his psychological reaction.

Respectfully submitted,

Barry B. Leighton

BARRY B. LEIGHTON

BBL/jdm
encl:
Dr. Budabin's report dated 6/18/74

cc: Alfonso Bruschi

EXHIBIT

Carl Hartog
Psychologist
60 West 10th Street
New York, N.Y.10011

341

re. ALFONSO BUCCI
A/# 115 01 7603

date tested oct. 15, 1974
tests:

WAIS, Rorschach, Bender-Gestalt
House-Tree-Person

Claimant was self sufficient in coming to the examination. He was not shaved, walked with a slight stoop and was adequately dressed in slacks and jacket. Clothing was not pressed ans seemed rumpled. There were no unusual mannerisms, however, he seemed slightly irritable. While he cooperated in taking the intelligence tests, he appeared threatened by the projectives. He at first did not want to draw, but subsequently attempted to follow test instructions. His drawings were quite poor. He also inquired as to what kind of tests he was receiving. This was answered. Later on he said he did not mind taking tests. His attitude was compliant and not enthusiastic. But he was not difficult to handle, did not do or say anything inappropriate, and he observed the amenities of a professional consultative situation.

WAIS: full scale IQ 101, verbal scale IQ 109, performance scale IQ 91

sub test scores: information 13, comprehension 10, arithmetic 12, similarities 10, digit span 11, digit symbol 6, picture completion 7, block design6, picture arrangement 8

Client achieves within the average range of intelligence. While both verbal and non-verbal skills fall within the average range, his verbal skills are relatively superior. Mental functioning is erratic and uneven and there is considerable variability within and between sub-tests. He misses easier items and successfully completes some that are more difficult. Client is well informed and has been able to benefit from formal education. His general range of information is good and he is alert to the world about him. Also, his memory is good. His ability to evaluate past experience and display practical information and common sense is uneven. Thus he can have difficulty in meaningfully and emotionally relating, activating, selecting, and organizing facts and relationships. Arithmetic skills are satisfactory and indicate that on an average level he is able to concentrate, be retentive, and deal with abstractions. Verbal conceptualization and retentiveness for digits is average. Non-verbal skills while falling within the average range are uneven. He is able to differentiate essential from unessential details, perceive patterns, comprehend and size up a total situation and plan and anticipate. Often he misses relatively easy items and solves more difficult ones.

The projective tests clearly indicate severedifficulty in adapting emotionally and in being self sufficient. His ability to reason and think as reflected by the unstructured projective test material is poor. Ability to make usual and customary judgments under emotional stress induced by external abd internal events is very poor. Communication when clear structure is not apparent to this client is likely to be based on subjective and personal elements rather than external reality. Memory is subject to the vissitudes of his emotions when dealing with personal things and is likely to be subjective and distorted.

Clinical tests essentially demonstrate emotional regression, but organic damage or deterioration is not evidenced. His ability to reason, think, remember, communicate, make the usual and customary judgments, adapt emotionally, and demonstratea capacity for self sufficiency is impaired.

Exhibit AC-18

Exhibit AC-18

ALFONSO BRUSCHI

There is no indication from the overall examination that validity of the test results might have been affected by deficiencies in vision, hearing, or drugs. While the client achieves overall at the average level of intelligence, there is evidence that potential capacity is higher and some regression may have ocurred. The intelligence test alone does not provide a reliable and valid measure of the claimants intellectual effectiveness. Personality features must be taken into consideration and the client evaluated as a total functioning human being.

With regard to conversion features, I tend to agree with thegeneral thrust of this point of view, i.e. it would be consistent with the evidence of psychological testing that this claimant has had convincing somatic complaints, arising from a functional disorder, which in effect has served to defend against serious psychiatric illness.

He is capable of managing benefit payments in his own interest.

Carl Hartog

Psychologist

EXHIBIT A-18

343 October 17, 1974

Alfonso Bruschi- 54 years old
335 East 94 Street
New York, N.Y., 10028

PSYCHIATRIC SOCIAL SURVEY

The patient is a 54 year old married man, presently unemployed, who was seen in connection with his application for Social Security Disability Benefits. He states that he is currently receiving $154 per month from the Veterans' Administration for a non- service connected disability and that he has been rated by the Veterans' Administration as 60% disabled. He lives with his 60 year old wife who works as an office cleaner in the Daily News building.

Patient states that he has been unable to work since 1970 because of numerous illnesses and hospitalizations. Prior to 1970, he also underwent several surgical procedures. From 1961 to 1971, he received a course of treatments for syphilis.(Please see medical reports for all details.) At the present time he complains about his dizziness and hearing problem- he states that he was told that he has Meniere's Disease. He also states that he suffers from hypoglycemia and that he has to be on a very strict diet. He also suffers from arthritis of the back, which seemed to be evident by the pain and difficulty he experienced in raising himself from a sitting to a standing position at the end of the interview.

Patient is a mechanic by trade. He worked his way up to become a master mechanic and worked in this capacity for the Greyhound Bus Corporation for eleven years, until 1961, when he felt that he could not continue because of the cold and his constantly being dizzy. Since that time he has had several jobs, including as clerk in the Post Office, billing supervisor at the Fulton Fish Market and, lastly, typing positions through Office Temporaries. He states that he can no longer work now because he cannot travel on public transportation, due to severe onsets of weakness and dizziness which can overwhelm him any time. He states that he had no personality problems on his jobs. As a matter of fact, people liked him and his work and were sorry that he could not continue.

Patient was born in Italy, but of Austrian parents who were visiting relatives in Italy at the time. His parents, he and his older sister came to the United States when he was 10 months old. His younger brother and sister were born in New York City, where the family had established itself. The father was a cook and worked very hard. He died of diabetes when he was in his sixties. The mother died of cancer at the age of 73. While the parents were alive the family was close knit and happy together. However, he had to leave school after the eighth grade at the age of 14, because it was the time of the Depression and the family needed the money. He was closest to his younger brother, to whom he was often a sustitute father because of the father's long working hours. His brother, who became a clinical psychologist and principal

Exhibit AC-19

of a school for emotionally disturbed children died suddenly of a heart attack at the age of 46. He is not at present close to his sisters, who are 50 and 60 years of age. He states that they are religious fanatics and that they have rejected him because he will not convert to their beliefs.

Mr. Bruschi has been married for 32 years to a woman of similar background to his. They have no children. He states that his marriage is in trouble now because his illness makes him so irritable. He is constantly fussing at his wife for something or other, often about food because eating is such a problem for him. He and his wife have already taken steps to obtain a legal separation. As already stated above, his wife is no longer young and works hard all day.

Prior to the present, more severe, state of his illness, Mr. Bruschi had a more active social life. He is a former president of the New York City Hungarian Charities. However now he is mostly confined at home. When he feels well enough he occupies himself by working with his slide rule or studying languages. He states that he can speak several. He has been told by some of the doctors that his illness is being caused, at least in part, by his nervousness. However he feels that it is understandable for him to be nervous when he feels so sick. He formerly had a lawyer who was assisting him with his application for Disability benefits but has discontinued using him. He would like a doctor who can pull together all his medical history in a comprehensive way in order to make a cogent case for his claim. He was cooperative during his interview with me and did not appear to have a thought disorder. He seemed mildly depressed. When he left my office, I noticed that he had to steady himself by leaning against the right wall of the corridor all the way to the elevator.

Ellen Reich - CSW

EXHIBIT #C-19
Page 2 of 2

MARIA Z. FUCHS, M. D.
1 GRACIE SQUARE
NEW YORK 28, N. Y.
REGENT 4-7031

345

10.[illegible].74

Dr.Joseph Olive
Chief Medical Consultant
Bureau of Disability Determinations
Two World Trade Center
N.Y., N.Y.10047

Psychiatric Evaluation

Mr.Alfonso Bruschi came accompanied by his wife to his interview on 10.21.74.He was casually dressed and well groomed.He is a rather handsome man looking his stated age.He had some difficulty in walking and sitting and appeared tense,especially at the beginning.

Mr.B. was born in Italy,the second of 4 children.The family came to the U.S. when he was 10 ms.old.He described his father,who worked as a chef, as a drinking man who abused his wife.Parents did not get along.Mr.B. tried to run away from home since the age of 7y. and was placed in several homes until age 14.He reached 8 th.grade and left for work,mainly as a mechanic.Longest job,which lasted 5 years,was as a mechanic for the Greyhound Company.He quitt in 1961 due to illness.Since then he worked off and on only until 1970.

He served in the Air Force from 1.16.[illegible]-10.11.1943 and was medically discharged for psychiatric reasons,allegedly he was diagnosed as a malformed character.Blames Air Force doctrors for being deprived of pension,records were allegedly lost.Ulcer was discovered accidentally in 1961,claims surprise and absence of symptoms.At present he is getting a legal separation from his wife after 32 years of marriage.Left previously on several occasions.

Mr.B.described himself as a "loner" throughout his life,despite being popular and active participation in clubs.

Mr.B.was oriented in all 3 sphres,articulate and spontaneous but defensive. He was preoccupied with somatic complaints and expressed anger about medical misjudgments and maltreatments,claiming to know more about what was really wrong with him.There was a general feeling of being misunderstood and not sufficiently appreciated throughout his life.There were no overt psychotic manifestations.He can be described diagnostically as a [illegible] aggressive personality,PCL.1,with hypochondriacal traits.

Exhibit AG20
may 10/14

MARIA Z. FUCHS, M. D.
1 GRACIE SQUARE
NEW YORK 28, N. Y.
REGENT 4-7031

11

In summary it is felt in addition to Mr.B.'s many physical handicaps there is a strong emotional overlay, related to a longitudinal pattern of reacting and overreacting to stress, based on a conflict between his dependent and independent strivings.

Sincerely

Maria Z. Fuchs, M. D.

Maria Z. Fuchs, M.D.

EXHIBIT AC-2E
pgs 2 of 4

Form Approved
Budget Bureau No.

SUPPLEMENTAL QUESTIONNAIRE

NAME OF CLAIMANT: Alfonso Bruschi 347

SOCIAL SECURITY NO.: 113-01-7603

Dear Doctor:

In addition to the information provided in your narrative report, please complete each of the following items by circling the appropriate word. It is essential that your answers be based on your estimate of the claimant's psychiatric impairment and not on nonmedical factors such as availability of job openings, hiring practices of employers, etc.

1. Estimated degree of impairment of the claimant's ability to relate to other people:

None Mild Moderate **(Moderately Severe)** Severe

2. Estimated degree of restriction of daily activities, e.g.: ability to attend meetings (*church, lodge, etc.*), work around the house, socialize with friends and neighbors, etc.:

None Mild Moderate **(Moderately Severe)** Severe

3. Estimated degree of deterioration in personal habits of claimant:

(None) Mild Moderate Moderately Severe Severe

4. Estimated degree of constriction of interests of claimant:

None **(Mild)** Moderate Moderately Severe Severe

5. Based on your evaluation of the claimant's psychiatric status, please give your opinion as to the claimant's residual ability to do the following on a sustained basis:

(a) Comprehend and follow instructions

Poor Fair **(Good)** Excellent

(b) Perform work requiring frequent contact with others:

(Poor) Fair Good Excellent

(c) Perform work where contact with others will be minimal:

Poor **(Fair)** Good Excellent

(d) Perform simple tasks:

Poor **(Fair)** Good Excellent

(e) Perform complex tasks:

Poor **(Fair)** Good Excellent

(f) Perform repetitive tasks:

Poor **(Fair)** Good Excellent

EXHIBIT AC-JC
(Over) 3-14

FORM HA-528
(8-70)

(g) Perform varied tasks:

Poor (Fair) Good Excellent

6. In order to improve the claimant's condition by practicable available measures, which of the following would you recommend?

a. ☒ No specific treatment Lack of insight + rigidity.

b. ☐ Psychotherapy (*supportive interviews*) and/or medication (*tranquilizing or anti-depressant*) provided by:

- ☐ Office visits to a general physician (*not necessarily a psychiatrist*)
- ☐ An outpatient clinic of a general hospital
- ☐ Outpatient treatment at a mental hygiene clinic

c. ☐ Hospitalization

d. ☐ Other treatment not stated above – Please outline your general recommendations.

7. Based on your recommended treatment, what degree of improvement can reasonably be anticipated in the claimant's condition, and approximately how long would be required to achieve this improvement?

Condition chronic
Emotional relief can be expected if benefits will be obtained

EXHIBIT AC-80
page 4 of 4

DATE 10.26.74

SIGNED Maria L. Toubes, M.D.

PROFESSIONAL QUALIFICATIONS

1. Physician's Name TRELLE (Last) DIETER (First) (Middle)

2. Address 17901 Sunburst Avenue 349

Northridge, California 91324

3. Year of Birth (B): 1925

4. Medical Education (ME): State: Germany

School:

Year of Degree: 1954

5. Year of License (L): 1960

6. American Specialty Boards (AB):

7. Medical Specialties: Internal Medicine

8. Type of Practice (TOP): Direct patient care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1973 Edition: 26th Page: 1603

Other Sources:

FORM HA-526 (8-71)

Exhibit AC-21

PROFESSIONAL QUALIFICATIONS

1. Physician's Name STEINBROCKER (Last) OTTO (First) (Middle)

2. Address 121 East 60th Street
New York, New York 10022 350

3. Year of Birth (B): 1898

4. Medical Education (ME): State: New York
School: New York University, New York
Year of Degree: 1927

5. Year of License (L): 1927

6. American Specialty Boards (AB):

7. Medical Specialties: Rheumatology , Internal Medicine

8. Type of Practice (TOP): Direct patient care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:
School:
Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1973 Edition: 26th Page: 2970

Other Sources:

Form HA-526
(8-71)

Exhibit AC-22

PROFESSIONAL QUALIFICATIONS

1. Physician's Name POLITZER (Last) ALAN (First) A. (Middle)

2. Address 311 East 72nd Street

New York, New York 10021 351

3. Year of Birth (B): 1910

4. Medical Education (ME): State: Czechoslovakia

School: Bratislava

Year of Degree: 1934

5. Year of License (L): 1947

6. American Specialty Boards (AB):

7. Medical Specialties: Colon & Rectal Surgery

8. Type of Practice (TOP): Other non-patient care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year: 1973 Edition: 26th Page: 2957

Other Sources:

Exhibit AC-23

Form HA-526
(8-71)

PROFESSIONAL QUALIFICATIONS

1. Physician's Name ATKINS (Last) ROBERT (First) COLEMAN (Middle) 352

2. Address 400 East 56th Street
New York, New York 10021

3. Year of Birth (B): 1930

4. Medical Education (ME): State: New York
School: Cornell University, New York
Year of Degree: 1955

5. Year of License (L): 1958

6. American Specialty Boards (AB):

7. Medical Specialties: Internal Medicine

8. Type of Practice (TOP): Direct patient care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:
School:
Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1973 Edition: 26th Page: 2910

Other Sources:

Exhibit AC-24

FORM HA-526
(8-71)

PROFESSIONAL QUALIFICATIONS

1. Physician's Name DREYFUS III (Last) JOSEPH (First) CLAUDE (Middle)

2. Address New York Hospital, Department of Internal Medicine 353

New York, New York 10021

3. Year of Birth (B): 1936

4. Medical Education (ME): State: New York

School: Columbia University College of Physicians & Surgeons, NY

Year of Degree: 1968

5. Year of License (L): 1969

6. American Specialty Boards (AB): DIPLOMATE-American Board of Internal Medicine

7. Medical Specialties: Internal Medicine, Endocrinology

8. Type of Practice (TOP): Direct patient care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year: 1973 Edition: 25th Page: 2923

Other Sources: Dir. of Med. Spec. Edition 16, 1974-75

Exhibit AC-25

Form HA-526
(8-71)

PROFESSIONAL QUALIFICATIONS

1. Physician's Name BUDABIN (Last) MURRAY (First) (Middle)

2. Address 1199 Park Avenue 354

New York, New York 10028

3. Year of Birth (B): 1931

4. Medical Education (ME): State: New York

School: New York University, New York

Year of Degree: 1957

5. Year of License (L): 1958

6. American Specialty Boards (AB):

7. Medical Specialties: Neurology, Psychiatry

8. Type of Practice (TOP): Direct patient care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year: 1973 Edition: 26th Page: 2916

Other Sources:

Exhibit AC-26

HA-526
(8-71)

PROFESSIONAL QUALIFICATIONS

1. Physician's Name FUCHS (Last) MARIA (First) Z. (Middle)

2. Address 1 Gracie Square 355

New York, New York 10028

3. Year of Birth (B): 1905

4. Medical Education (ME): State: Germany

School:

Year of Degree: 1935

5. Year of License (L): 1942

6. American Specialty Boards (AB): DIPLOMATE-American Board of Psychiatry & Neurology

7. Medical Specialties: Psychiatry

8. Type of Practice TOP): Direct patient care

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1973 Edition: 26th Page: 2928

Other Sources: Dir. of Med. Spec. Edition 16, 1974-75, page 1989

FORM HA-526
(3-71)

Exhibit AC-27

IHA-94
115-01-7603

6 May 1975

Mr. Barry B. Leighton
Leighton, Leighton and Leighton
Attorneys at Law
15 Park Row
New York, New York 10038

Dear Mr. Leighton:

Re: Mr. Alfonso Bruschi, 335 East 94th Street
New York, New York 10028

This refers to our pending review of the hearing decision concerning the claim for benefits filed by the above-named individual.

Under cover of our previous letter dated April 1, 1974, you were provided with copies of the following additional evidence which the Appeals Council intends to include in the record of this case:

1. Veterans Administration clinical records for the period from December 10, 1968 to June 4, 1973.
2. Report of hospitalization at Lennox Hill Hospital for the period from September 15 to September 25, 1971.
3. Report of hospitalization at Serra Memorial Hospital for the period from August 21 to August 27, 1972.
4. Medical report dated May 23, 1973, from Dieter Trelle, M.D.
5. Medical report dated September 12, 1973, from J. Osmond Frost, M.D.
6. Medical report dated September 19, 1973, from Otto Steinbrecher, M.D.
7. Medical report dated October 15, 1973, from Alan A. Politzer, M.D.
8. Laboratory report dated October 15, 1973, from Joseph A. Rao, M.D.
9. Undated letter from Mr. Alfonso Bruschi, claimant.
10. Medical analysis dated February 6, 1974, from Sydney I. Green, M.D., Medical Consultant to the Bureau of Hearings and Appeals.
11. Professional qualifications of Sydney I. Green, M.D.

Exhibit AC-28
page 1 of 3

We have now received additional evidence which we also propose to include in the record of the case. This evidence is enclosed for you information.

If you wish to submit (1) written comments concerning the evidence received, (2) a brief or written statement as to the facts and law in the case, or (3) additional evidence not previously supplied, the Appeals Council will carefully consider the material. Please send it to the Appeals Council within 20 days from the date of this letter, or inform us within that time when it may be expected. If you need additional time, please let us know.

If you desire, you may appear alone or with the claimant before the Appeals Council in Arlington, Virginia, to present oral argument of the case. If you want to appear, please inform us within 20 days from the date of this letter, and you will be sent a notice of the time and place of such appearance.

If we have not heard from you within the 20-day period, we will assume that you have no comments or statement to make, that you have no further evidence to submit, and that you do not wish to appear before the Appeals Council. The case will still receive the same careful consideration. We will then issue our decision based on the additional evidence and the other evidence of record.

Sincerely yours,

Marshall C. Gardner
Member, Appeals Council

Enclosures: 18

cc:
- Division of Benefit Services, Baltimore

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page 2 of 3

Alfonso Bruschi
115-01-7603

12. Medical reports from the New York Hospital covering the period from January 25, 1974, to February 8, 1974.
13. Medical reports from the New York Hospital including a summary report of hospitalization from January 25, 1974, to February 10, 1974, and other notes of examinations conducted in March 1974, July 1974 and August 1974.
14. Medical report dated April 16, 1974, signed by Robert C. Atkins, M.D.
15. Medical reports from the Mount Sinai Hospital covering the hospitalization from May 7, 1972 to May 9, 1972.
16. Medical report dated May 31, 1974, signed by Joseph C. Dreyfus, III, M.D.
17. Medical report dated June 18, 1974, signed by Murray Budabin, M.D.
18. Statement dated June 26, 1974, signed by Barry B. Leighton, attorney for the claimant.
19. Report of psychological evaluation dated October 15, 1974, signed by Carl Hartog, psychologist.
20. Report of psychiatric social survey dated October 17, 1974, signed by Ellen Reich, CSW.
21. Medical report dated October 26, 1974, signed by Maria Z. Fuchs, M.D.
22. Professional qualifications of Dieter Trelle, M.D.
23. Professional qualifications of Otto Steinbrocker, M.D.
24. Professional qualifications of Alan A. Politzer, M.D.
25. Professional qualifications of Robert Coleman Atkins, M.D.
26. Professional qualifications of Joseph Claude Dreyfus, III, M.D.
27. Professional qualifications of Murray Budabin, M.D.
28. Professional qualifications of Maria Z. Fuchs, M.D.
29. Self-addressed envelope.

AC-28
page 30/3

LEIGHTON, LEIGHTON & LEIGHTON
COUNSELLORS AT LAW
15 PARK ROW
NEW YORK, N.Y. 10038

LEWIS C. LEIGHTON
BARRY B. LEIGHTON
ROBERT D. LEIGHTON
ABRAHAM KOZER
ARTHUR K. ASH

359

March 19th, 1975

Department of Health, Education & Welfare
Social Security Administration
Bureau of Hearings and Appeals
P. O. Box 2518
Washington, D.C. 20013

Attention: Marshall C. Gardner

Re: Alfonso Bruschi
SS No:115-01-7603

Gentlemen:

I want to thank you for your letter of March 6th, 1975, which was received on March 19th, 1975. At this time, I wish to submit written comments concerning the evidence which I have received and reviewed. I have also heard from the claimant.

It is our continued contention that this claimant is entitled to disability insurance benefits under Sections 216 (i) and 223, respectively of the Social Security Act, as amended.

The report of Dr. Maria Z. Fuchs, Exhibit 20, does contain a finding that "in addition to Mr. B's many physical handicaps, there is a strong emotional overlay, etc." It should be noted that this examination was on behalf of the Administration and Dr. Fuchs' finding is not out of line with the findings of Dr. Budabin, and his report is already on file in evidence in Exhibit 16. It was Dr. Budabin's diagnosis that the claimant is suffering from a severe and disabling conversion hysteria.

It must not be overlooked, and I wish to state for the record, that this claimant has many physical disabilities, aside from the emotional overlay. I will not reiterate these, but I call your attention to my memorandum of June 26, 1974 and October 16, 1973, and my prior letters of August 28, 1973 and September 19, 1973.

In regard to the psychiatric social survey done by Ellen Reich, and marked "Exhibit 19" in your file and listed as Exhibit 20 in your letter of March 6th,1975, it was noted that the claimant was seen leaning on the wall to steady himself as he left the office. In Exhibit 18, the psychological evaluation done by Carl Hartog, but listed as Exhibit 19 in your letter, the psychologist is of the opinion that the clinical tests demonstrate an emotional regression and that the tests indicate severe difficulty in adapting emotionally. He did feel that the claimant would be capable of managing benefits if they were awarded. He is also

Exhibit AC-29

of the opinion that the conversion features would be consistant with the evidence of psychological testing that this claimant has had convincing somatic complaints, arising from a functional disorder, which in effect has served to defend against serious phychiatric illness.

I also ask the Appeals Council to take into consideration the report of Dr. Dreyfus, marked Exhibit 15 in your file and his conclusion that the claimant is disabled and cannot be gainfully employed. The doctor states that the symptoms began many years ago and have increased gradually. The doctor found in addition to the other physical condition, hypoglycemia and quotes several laboratory tests. This is further corroborated by the report of Dr. Robert C. Atkins and his report is marked Exhibit 13. Both of these reports should be read in conjunction with the New York Hospital records for an admission from 1/25/74 to 2/10/74 and the diagnosis of hypoglycemia.

In conclusion, this claimant has provided a great deal of evidence at his own expense, and further evidence has been submitted and I feel the claimant has proved that he is disabled both physically and mentally and cannot do any substantial, gainful work, as provided in Section 202 and 223 of the Social Security Act, as amended, respectively. The claimant's conditions have been proven by clinical and laboratory diagnostic techniques and sufficient evidence has been submitted to show that the claimant's condition existed before March of 1972.

I also call the Appeal Council's attention to the claimant's own testimony at the hearing and his emotional outburst. It must be realized that all of the claimant's physical illnesses would have some bearing on his emotional and psychological being, and cannot be separated. I beg you to consider this memorandum with the rest of the evidence, and I want to thank you for your time and patience and continued cooperation on behalf of this deserving claimant.

Respectfully submitted,

Barry B. Leighton

BARRY B. LEIGHTON

BBL/jdm
cc: Alfonso Bruschi

EXHIBIT #19